UNITED STATES BANKRUPTCY COURT

EASTERN DISTRICT OF LOUISIANA

In re:	§	
	§	**Case No. 20-10846**
THE ROMAN CATHOLIC CHURCH OF THE ARCHDIOCESE OF NEW ORLEANS,	§	**Section "A"**
	§	**Chapter 11**
Debtor.	§	

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

Introduction

The Roman Catholic Church of the Archdiocese of New Orleans (the "**Debtor**") with the assistance of its advisors, has filed its Schedules of Assets and Liabilities (the "**Schedules**") and Statements of Financial Affairs (the "**Statements**," and together with the Schedules, the "**Schedules and Statements**") with the United States Bankruptcy Court for the Southern District of new York (the "**Bankruptcy Court**"), pursuant to section 521 of title 11 of the United States Code (the "**Bankruptcy Code**") and Rule 1007 of the Federal Rules of Bankruptcy Procedure (the "**Bankruptcy Rules**").

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

The Schedules and Statements do not purport to represent financial statements prepared in accordance with Generally Accepted Accounting Principles in the United States ("**GAAP**"), nor are they intended to be fully reconciled with the financial statements of the Debtor (whether publicly filed or otherwise). Additionally, the Schedules and Statements contain unaudited information that is subject to further review and potential adjustment.

In preparing the Schedules and Statements, the Debtor relied upon information derived from its books and records that was available at the time of such preparation. Although the Debtor has made reasonable efforts to ensure the accuracy and completeness of such financial information, inadvertent errors or omissions, as well as the discovery of conflicting, revised, or subsequent information, may cause a material change to the Schedules and Statements.

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

Father Patrick Carr, in his capacity as the Third Vice President, Director and Vicar of Finance of the Debtor, has signed the Schedules and Statements. Fr. Carr is an authorized signatory for the Debtor. In reviewing and signing the Schedules and Statements, Fr. Carr necessarily has relied upon the efforts, statements, and representations of various personnel employed by the Debtor and its advisors. Fr. Carr has not (nor could have) personally verified the accuracy of each statement and representation contained in the Schedules and Statements, including, but not limited to, statements and representations concerning amounts owed to creditors, classification of such amounts, and creditor addresses.

Global Notes and Overview of Methodology

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

2. **Description of Case and "as of" Information Date**. On May 1, 2020 (the "**Petition**

Date"), the Debtor filed a voluntary petition for relief under chapter 11 of the Bankruptcy Code. The Debtor is operating its business and managing its property as a debtor in possession pursuant to sections 1107(a) and 1108 of the Bankruptcy Code. No party has requested the appointment of a trustee or examiner in this chapter 11 case.

The asset information provided in the Schedules and Statements, except as otherwise noted, represents the asset data of the Debtor as of April 30, 2020, and the liability information provided herein, except as otherwise noted, represents the liability data of the Debtor as of the Petition Date.

In addition, the Debtor owns and operates eight high schools and one special needs school (the "**Archdiocesan Schools**").[1] The Debtor's Schedules and Statements contain information with respect to each of the Archdiocesan Schools to the extent possible and separately classified and identified in the Schedules and Statements to the extent possible.

3. **Net Book Value of Assets**. It would be prohibitively expensive, unduly burdensome, and an inefficient use of estate assets for the Debtor to obtain current market valuations for all of its assets. Accordingly, unless otherwise indicated, the Debtor's Schedules and Statements reflect net book values as of the close of business on April 30, 2020**,** in the Debtor's books and records. Additionally, because the book values of certain assets, may materially differ from their fair market values, they may be listed as undetermined amounts as of the Petition Date. Furthermore, as applicable, assets that have fully depreciated or were expensed for accounting purposes may not appear in the Schedules and Statements if they have no net book value.

4. **Recharacterization**. Notwithstanding the Debtor's reasonable efforts to properly characterize, classify, categorize, or designate certain Claims, assets, executory contracts, unexpired leases, and other items reported in the Schedules and Statements, the Debtor may, nevertheless, have improperly characterized, classified, categorized, designated, or omitted certain items due to the complexity and size of the Debtor's business. Accordingly, the Debtor reserves all of its rights to recharacterize, reclassify, recategorize, redesignate, add, or delete items reported in the Schedules and Statements at a later time as is necessary or appropriate as additional information becomes available, including, without limitation, whether contracts or leases listed herein were deemed executory or unexpired as of the Petition Date and remain executory and unexpired postpetition.

5. **Personal Property–Leased**. In the ordinary course of its business, the Debtor leased various articles of personal property, including, fixtures, and equipment, from certain third-party lessors. The Debtor has made reasonable efforts to list all such leases in the Schedules and Statements. The Debtor has made reasonable efforts to include lease obligations on Schedule D (secured debt) to the extent applicable and to the extent the lessor filed a UCC-1. However, nothing in the Schedules or Statements is or shall be construed as an admission or determination as to the legal status of any lease

[1] The Archdiocesan Schools are (i) the Academy of Our Lady High School, (ii) Archbishop Chappelle High School, (iii) Archbishop Hannan High School, (iv) Archbishop Rummel High School, (v) Archbishop Shaw High School, (vi) Pope John Paul II High School, (vii) St. Charles Catholic High School, (viii) St. Scholastica Academy, and (ix) St. Michael's Special School.

(including whether to assume and assign or reject such lease or whether it is a true lease or a financing arrangement).

6. **Excluded Assets and Liabilities**. The Debtor has sought to allocate liabilities between the prepetition and post-petition periods based on the information and research conducted in connection with the preparation of the Schedules and Statements. As additional information becomes available and further research is conducted, the allocation of liabilities between the prepetition and post-petition periods may change.

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

   The Debtor has excluded certain categories of assets, tax accruals, and liabilities from the Schedules and Statements, including, without limitation, goodwill, accrued salaries, employee benefit accruals, and deferred gains. In addition, certain immaterial assets and liabilities may have been excluded.

   The Bankruptcy Court has authorized the Debtor to pay, in its discretion, certain outstanding Claims on a post-petition basis. Prepetition liabilities which have been paid post-petition have been excluded from the Schedules and Statements. To the extent the Debtor pays any of the claims listed in the Schedules and Statements pursuant to any orders entered by the Bankruptcy Court, the Debtor reserves all rights to amend and supplement the Schedules and Statements and take other action, such as filing claims objections, as is necessary and appropriate to avoid overpayment or duplicate payment for such liabilities.

7. **Insiders**. Solely, for purposes of the Schedules and Statements, the Debtor defines "insiders" to include the following: (a) directors; (b) senior level officers; (c) equity holders holding in excess of 5% of the voting securities of the Debtor; (d) Debtor affiliates; and (e) relatives of any of the foregoing (to the extent known by the Debtor). Entities listed as "insiders" have been included for informational purposes and their inclusion shall not constitute an admission that those entities are insiders for purposes of section 101(31) of the Bankruptcy Code. Moreover, the Debtor does not take any position with respect to: (i) any insider's influence over the control of the Debtor; (ii) the management responsibilities or functions of any such insider; (iii) the decision-making or corporate authority of any such insider; or (iv) whether the Debtor or any such insider could successfully argue that he or she is not an "insider" under applicable law or with respect to any theories of liability or for any other purpose.

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

9. **Executory Contracts and Unexpired Leases**. The Debtor has not necessarily set forth

executory contracts and unexpired leases as assets in the Schedules and Statements, even though these contracts and leases may have some value to the Debtor's estate. The Debtor's executory contracts and unexpired leases have been set forth in Schedule G.

10. **Materialman's/Mechanic's Liens**. The assets listed in the Schedules and Statements are presented without consideration of any materialman's or mechanic's liens.

11. **Classifications**. Listing a Claim or contract on (a) Schedule D as "secured," (b) Schedule E/F part 1 as "priority," (c) Schedule E/F part 2 as "unsecured," or (d) Schedule G as "executory" or "unexpired," does not constitute an admission by the Debtor of the legal rights of the Claimant, or a waiver of the Debtor's rights to recharacterize or reclassify such Claims or contracts or leases or to exercise their rights to setoff against such Claims.

12. **Claims Description**. Schedules D and E/F permit the Debtor to designate a Claim as "disputed," "contingent," and/or "unliquidated." Any failure to designate a Claim on the Debtor's Schedules and Statements as "disputed," "contingent," or "unliquidated" does not constitute an admission by that Debtor that such amount is not "disputed," "contingent," or "unliquidated," or that such Claim is not subject to objection. The Debtor reserves all of its rights to dispute, or assert offsets or defenses to, any Claim reflected on its Schedules and Statements on any grounds, including liability or classification. Additionally, the Debtor expressly reserves all of its rights to subsequently designate such Claims as "disputed," "contingent" or "unliquidated." Moreover, listing a Claim does not constitute an admission of liability by the Debtor.

13. **Causes of Action**. Despite its reasonable efforts to identify all known assets, the Debtor may not have listed all of its causes of action or potential causes of action against third-parties as assets in the Schedules and Statements, including, without limitation, causes of actions arising under the provisions of chapter 5 of the Bankruptcy Code and any other relevant non-bankruptcy laws to recover assets or avoid transfers. The Debtor reserves all of its rights with respect to any cause of action (including avoidance actions), controversy, right of setoff, cross-Claim, counter-Claim, or recoupment and any Claim on contracts or for breaches of duties imposed by law or in equity, demand, right, action, lien, indemnity, guaranty, suit, obligation, liability, damage, judgment, account, defense, power, privilege, license, and franchise of any kind or character whatsoever, known, unknown, fixed or contingent, matured or unmatured, suspected or unsuspected, liquidated or unliquidated, disputed or undisputed, secured or unsecured, assertable directly or derivatively, whether arising before, on, or after the Petition Date, in contract or in tort, in law, or in equity, or pursuant to any other theory of law (collectively, "**Causes of Action**") it may have, and neither these Global Notes nor the Schedules and Statements shall be deemed a waiver of any Claims or Causes of Action or in any way prejudice or impair the assertion of such Claims or Causes of Action.

14. **Summary of Significant Reporting Policies**. The following is a summary of significant reporting policies:

    a. Undetermined Amounts. The description of an amount as "unknown," "TBD" or "undetermined" is not intended to reflect upon the materiality of such amount.

b. Totals. All totals that are included in the Schedules and Statements represent totals of all known amounts. To the extent there are unknown or undetermined amounts, the actual total may be different than the listed total.

c. Liens. Property and equipment listed in the Schedules and Statements are presented without consideration of any liens that may attach (or have attached) to such property and equipment.

15. **Estimates and Assumptions**. Because of the timing of the filings, management was required to make certain estimates and assumptions that affected the reported amounts of these assets and liabilities. Actual amounts could differ from those estimates, perhaps materially.

16. **Currency**. Unless otherwise indicated, all amounts are reflected in U.S. dollars.

17. **Intercompany**. The listing in the Schedules or Statements (including, without limitation, Schedule A/B or Schedule E/F) by the Debtor of any obligation between the Debtor and any affiliate of the Debtor is a statement of what appears in the Debtor's books and records and does not reflect any admission or conclusion of the Debtor regarding whether such amount would be allowed as a Claim or how such obligations may be classified and/or characterized in a plan of reorganization or by the Bankruptcy Court.

18. **Setoffs**. The Debtor incurs certain offsets and other similar rights during the ordinary course of business. Offsets in the ordinary course can result from various items, including, without limitation, intercompany transactions, pricing discrepancies, returns, refunds, warranties, debit memos, credits, and other disputes between the Debtor and its suppliers and/or customers. These offsets and other similar rights are consistent with the ordinary course of business in the Debtor's industry and are not tracked separately. Therefore, although such offsets and other similar rights may have been accounted for when certain amounts were included in the Schedules, offsets are not independently accounted for, and as such, are or may be excluded from the Debtor's Schedules and Statements.

19. **Confidential Information**. Pursuant to the *Interim Order Authorizing The Roman Catholic Church For The Archdiocese Of New Orleans To File Portions Of The Schedules And Sofa, The Master Creditor Mailing Matrix, And Other Pleadings And Documents Under Seal* [Docket No. 53], (the "**Seal Order**"), Confidential Information (as defined in the Seal Order) has been redacted on the Schedules and Statements. Unredacted versions of the Schedules and Statements will be made available to the Office of the United States Trustee and the Bankruptcy Court.

20. **Global Notes Control**. If the Schedules and Statements differ from these Global Notes, the Global Notes shall control.

Specific Disclosures with Respect to the Debtor's Schedules

Schedule A/B. All values set forth in Schedule A/B reflect the book value of the Debtor's assets as of the close of business on April 30, 2020, unless otherwise noted below. The Debtor has not included leases and contracts on Schedule A/B. Leases and contracts are listed on Schedule G.

Schedule A/B 3. Cash values held in financial accounts are listed on Schedule A/B 3 as of the close of business on April 30, 2020. Details with respect to the Debtor's cash management system and bank accounts are provided in the *Expedited Motion For Interim And Final Orders (A) Authorizing Postpetition Use Of Cash Collateral, (B) Granting Adequate Protection To Lender, (C) Modifying The Automatic Stay, (D) Scheduling A Final Hearing, And (E) Granting Related Relief* [Docket No. 5] (the "**Cash Management Motion**").

Schedule A/B 8. The Debtor has included in Schedule A/B 8 under prepayments, the prepaid tuition for the 2020/2021 school year as well as payments received for certain special events such as summer camp, which events are to be held post filing.

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

Schedule A/B 21. The value of the book store inventory reported in Schedule A/B 21 is valued as of March 30, 2020.

Schedule A/B 42. The Debtor has listed collectables in response to Schedule A/B 42. Unless other disclosed, the value of such collectables is not recorded on the Debtor's financial statements and no current fair market value is available.

Schedule A/B 55. The Debtor has listed owned real property in Schedule A/B 55 based upon information derived from its books and records, local Louisiana parish ad valorem assessments, and limited searches of the public conveyance records in pertinent Louisiana parishes. Addresses are listed for in Schedule A/B 55 for reference only. At this time, the Debtor is unable to assign property values to the real property, and/or improvement values.

Schedule A/B 74 & 75. In the ordinary course of its business, the Debtor may have accrued, or may subsequently accrue, certain rights to counter-Claims, setoffs, refunds, or warranty Claims. Additionally, the Debtor may be a party to pending litigation in which the Debtor has asserted, or may assert, Claims as a plaintiff or counter-Claims as a defendant. Because such Claims are unknown to the Debtor and not quantifiable as of the Petition Date, they are not listed on Schedule A/B 74 or 75. The Debtor's failure to list any contingent and/or unliquidated claim held by the Debtor in response to these questions shall not constitute a waiver, release, relinquishment, or forfeiture of such claim.

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

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

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

Schedule E/F part 2. The Debtor has used reasonable efforts to report all general unsecured Claims against the Debtor on Schedule E/F part 2, based upon the Debtor's books and records as of the Petition Date. Certain claim amounts, such as those relating to medical liability claims, may not be reported in their totality on Schedule E/F due to a delay in processing of up to three months. In addition, due to the COVID 19 pandemic, the Debtor has experienced a delay in processing invoices as a result of not having access to its offices.

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

Schedule E/F part 2 contains information regarding pending litigation involving the Debtor. The dollar amount of potential Claims associated with any such pending litigation is listed as "undetermined" and marked as contingent, unliquidated, and disputed in the Schedules and Statements. Some of the litigation Claims listed on Schedule E/F may be subject to subordination pursuant to section 510 of the Bankruptcy Code. Schedule E/F part 2 also includes potential or threatened litigation claims. Any information contained in Schedule E/F part 2 with respect to such potential litigation shall not be a binding representation of the Debtor's liabilities with respect to any of the potential suits and proceedings included therein. The Debtor expressly incorporates by reference into Schedule E/F part 2 all parties to pending litigation listed in the Debtor's Statements 7, as contingent, unliquidated, and disputed claims, to the extent not already listed on Schedule E/F part 2.

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

Schedule G. Although the Debtor's existing books, records, and financial systems have been relied upon to identify and schedule executory contracts and the Debtor has made diligent efforts to ensure the accuracy of the Debtor's Schedule G, inadvertent errors and omissions may have occurred. Certain information, such as the contact information of the counter-party, may not be included where such information could not be obtained using the Debtor's reasonable efforts. Listing or omitting a contract or agreement on Schedule G does not

constitute an admission that such contract or agreement is or is not an executory contract or unexpired lease, was in effect on the Petition Date, or is valid or enforceable. Certain of the leases and contracts listed on Schedule G may contain certain renewal options, guarantees of payment, indemnifications, options to purchase, rights of first refusal, and other miscellaneous rights. Such rights, powers, duties, and obligations are not set forth separately on Schedule G.

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

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

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

In addition, the Debtor may have entered into various other types of agreements in the ordinary course of its business, such as subordination, nondisturbance, and attornment agreements, supplemental agreements, settlement agreements, amendments/letter agreements, title agreements and confidentiality agreements. Such documents may not be set forth on Schedule G. Certain of the executory agreements may not have been memorialized and could be subject to dispute. Executory agreements that are oral in nature have not been included on the Schedule G. The Debtor's omission of a contract or agreement from Schedule G does not constitute an admission that such omitted contract or agreement is not an executory contract or unexpired lease. The Debtor's rights under the Bankruptcy Code with respect to any such omitted contracts or agreements are not impaired by the omission.

Schedule H. For purposes of Schedule H, the Debtor may not have identified certain guarantees associated with the Debtor's executory contracts, unexpired leases, secured financings, debt instruments, and other such agreements. The Debtor reserves all of its rights to amend the Schedules to the extent that additional guarantees are identified or guarantees are discovered to have expired or to be unenforceable.

In the ordinary course of its business, the Debtor may be involved in pending or threatened litigation. These matters may involve multiple plaintiffs and defendants, some or all of

whom may assert cross-Claims and counter-Claims against other parties. Because the Debtor has treated all such Claims as contingent, disputed, or unliquidated, such Claims have not been set forth individually on Schedule H. Litigation matters can be found on the Debtor's Schedule E/F part 2 and Statement 7, as applicable.

Specific Disclosures with Respect to the Debtor's Statements

Statement 3. Statement 3 includes any disbursement or other transfer made by the Debtor within 90 days before the Petition Date except for those made to insiders (which payments appear in response to Statement question 4), employees, and bankruptcy professionals (which payments appear in Statement 11 and include any retainers paid to bankruptcy professionals). The amounts listed in Statement 3 reflect the Debtor's disbursements netted against any check level detail; thus, to the extent a disbursement was made to pay for multiple invoices, only one entry has been listed on Statement 3.

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

The Debtor has included all consulting and payroll distributions and travel, entertainment, and other expense reimbursements made over the twelve months preceding the Petition Date to any individual that may be deemed an "Insider."

Additionally, for the purpose of completeness, the Debtor has listed payments made to the following Archdiocesan Schools. See footnote 1.

Statement 7. Any information contained in Statement 7 shall not be a binding representation of the Debtor's liabilities with respect to any of the suits and proceedings identified therein. The Debtor reserves all rights with respect to the suits and proceedings listed in Statement 7, and any claims filed in relation to such suits and proceedings.

Statement 9. For the purpose of completeness, the Debtor has listed contributions made to the Archdiocesan Schools. See footnote 1.

Statement 10. The Debtor occasionally incurs losses for a variety of reasons, including theft and property damage. The Debtor, however, may not have records of all such losses if such losses do not have a material impact on the Debtor's business or are not reported for insurance purposes.

Statement 26d. The Debtor has provided financial statements in the ordinary course of its business to numerous financial institutions, creditors, and other parties within two years immediately before the Petition Date. Considering the number of such recipients and the possibility that such information may have been shared with parties without the Debtor's knowledge or consent or subject to confidentiality agreements, the Debtor has not disclosed any parties that may have received such financial statements for the purposes of Statement 26d.

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

Fill in this information to identify the case:

Debtor name: The Roman Catholic Church of the Archdiocese of New Orleans

United States Bankruptcy Court for the: Eastern District of Louisiana

Case number (if known): 20-10846

☑ Check if this is an amended filing

Official Form 206Sum

Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets

1. ***Schedule A/B: Assets–Real and Personal Property*** (Official Form 206A/B)

1a.	**Real property:** Copy line 88 from Schedule A/B	UNDETERMINED
1b.	**Total personal property:** Copy line 91A from Schedule A/B	$204,958,953.23
1c.	**Total of all property:** Copy line 92 from Schedule A/B	$204,958,953.23

Part 2: Summary of Liabilities

2.	***Schedule D: Creditors Who Have Claims Secured by Property*** (Official Form 206D) Copy the total dollar amount listed in Column A, Amount of claim, from line 3 of Schedule D	$47,133,662.17

3. ***Schedule E/F: Creditors Who Have Unsecured Claims*** (Official Form 206E/F)

3a.	**Total claim amounts of priority unsecured claims:** Copy the total claims from Part 1 from line 5a of Schedule E/F	$626,458.55
3b.	**Total amount of claims of nonpriority amount of unsecured claims:** Copy the total of the amount of claims from Part 2 from line 5b of Schedule E/F	+ $94,430,708.51
4.	***Total liabilities*** Lines 2 + 3a + 3b	$142,190,829.23

Fill in this information to identify the case:

Debtor name: The Roman Catholic Church of the Archdiocese of New Orleans

United States Bankruptcy Court for the: Eastern District of Louisiana

Case number (if known): 20-10846

☐ 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** Name and Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed	**Total claim** $685.00	**Priority amount** $685.00 **Nonpriority amount** $0.00
	Date or dates debt was incurred _____	**Basis for the claim:** CANCELLED EVENTS REFUNDS		
	Last 4 digits of account number: **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**Is the claim subject to offset?** ☑ No ☐ Yes		
2.2.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed	**Total claim** $685.00	**Priority amount** $685.00 **Nonpriority amount** $0.00
	Date or dates debt was incurred _____	**Basis for the claim:** CANCELLED EVENTS REFUNDS		
	Last 4 digits of account number: **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**Is the claim subject to offset?** ☑ No ☐ Yes		

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

2.3.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Date or dates debt was incurred** _____ **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $55.58 **Nonpriority amount** $0.00	**Priority amount** $55.58
	Last 4 digits of account number: **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)			
2.4.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Date or dates debt was incurred** _____ **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $190.00 **Nonpriority amount** $0.00	**Priority amount** $190.00
	Last 4 digits of account number: **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)			
2.5.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Date or dates debt was incurred** _____ **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $250.00 **Nonpriority amount** $0.00	**Priority amount** $250.00
	Last 4 digits of account number: **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)			

2.6. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.7. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$200.00	$200.00
	Nonpriority amount
	$0.00

2.8. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.9. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount	Nonpriority amount
$30.00	$30.00	$0.00

2.10. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount	Nonpriority amount
$970.00	$970.00	$0.00

2.11. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount	Nonpriority amount
$80.00	$80.00	$0.00

2.12. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount	Nonpriority amount
$60.00	$60.00	$0.00

2.13. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount	Nonpriority amount
$96.43	$96.43	$0.00

2.14. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount	Nonpriority amount
$96.43	$96.43	$0.00

2.15. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$260.00	$260.00
	Nonpriority amount
	$0.00

2.16. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$30.00	$30.00
	Nonpriority amount
	$0.00

2.17. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$250.00	$250.00
	Nonpriority amount
	$0.00

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

2.18.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Date or dates debt was incurred** _____ **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $70.00 **Nonpriority amount** $0.00	**Priority amount** $70.00
	Last 4 digits of account number: **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)			
2.19.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Date or dates debt was incurred** _____ **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $100.00 **Nonpriority amount** $0.00	**Priority amount** $100.00
	Last 4 digits of account number: **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)			
2.20.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Date or dates debt was incurred** _____ **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $60.00 **Nonpriority amount** $0.00	**Priority amount** $60.00
	Last 4 digits of account number: **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)			

2.21. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount	Nonpriority amount
$100.00	$100.00	$0.00

2.22. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount	Nonpriority amount
$10.00	$10.00	$0.00

2.23. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount	Nonpriority amount
$310.00	$310.00	$0.00

2.24. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$785.00	$785.00
	Nonpriority amount
	$0.00

2.25. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.26. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$30.00	$30.00
	Nonpriority amount
	$0.00

2.27. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount	Nonpriority amount
$170.00	$170.00	$0.00

2.28. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount	Nonpriority amount
$100.00	$100.00	$0.00

2.29. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount	Nonpriority amount
$50.00	$50.00	$0.00

2.30. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount	Nonpriority amount
$100.00	$100.00	$0.00

2.31. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount	Nonpriority amount
$185.00	$185.00	$0.00

2.32. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount	Nonpriority amount
$75.00	$75.00	$0.00

2.33. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$65.00	$65.00
	Nonpriority amount
	$0.00

2.34. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.35. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$25.00	$25.00
	Nonpriority amount
	$0.00

2.36. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$30.00	$30.00
	Nonpriority amount
	$0.00

2.37. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.38. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.39. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount	Nonpriority amount
$25.00	$25.00	$0.00

2.40. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount	Nonpriority amount
$450.00	$450.00	$0.00

2.41. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount	Nonpriority amount
$150.00	$150.00	$0.00

2.42. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$810.00	$810.00
	Nonpriority amount
	$0.00

2.43. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$395.00	$395.00
	Nonpriority amount
	$0.00

2.44. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.45. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$285.00	$285.00
	Nonpriority amount
	$0.00

2.46. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.47. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$30.00	$30.00
	Nonpriority amount
	$0.00

2.48. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$240.00	$240.00
	Nonpriority amount
	$0.00

2.49. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.50. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$30.00	$30.00
	Nonpriority amount
	$0.00

2.51. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$40.00	$40.00
	Nonpriority amount
	$0.00

2.52. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$96.43	$96.43
	Nonpriority amount
	$0.00

2.53. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$200.00	$200.00
	Nonpriority amount
	$0.00

2.54. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$25.00	$25.00
	Nonpriority amount
	$0.00

2.55. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.56. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$140.00	$140.00
	Nonpriority amount
	$0.00

2.57. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$200.00	$200.00
	Nonpriority amount
	$0.00

2.58. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$200.00	$200.00
	Nonpriority amount
	$0.00

2.59. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$70.00	$70.00
	Nonpriority amount
	$0.00

2.60. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$96.43	$96.43
	Nonpriority amount
	$0.00

2.61. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.62. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$96.43	$96.43
	Nonpriority amount
	$0.00

2.63. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.64. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$75.00	$75.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.65. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$510.00	$510.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.66. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.67. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$96.43	$96.43
	Nonpriority amount
	$0.00

2.68. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.69. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$200.00	$200.00
	Nonpriority amount
	$0.00

2.70. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$409.00	$409.00
	Nonpriority amount
	$0.00

2.71. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$10.00	$10.00
	Nonpriority amount
	$0.00

2.72. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$35.00	$35.00
	Nonpriority amount
	$0.00

2.73. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.74. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$75.00	$75.00
	Nonpriority amount
	$0.00

2.75. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.76. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$350.00	$350.00
	Nonpriority amount
	$0.00

2.77. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.78. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$185.00	$185.00
	Nonpriority amount
	$0.00

2.79. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.80. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$300.00	$300.00
	Nonpriority amount
	$0.00

2.81. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$40.00	$40.00
	Nonpriority amount
	$0.00

2.82. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$250.00	$250.00
	Nonpriority amount
	$0.00

2.83. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$200.00	$200.00
	Nonpriority amount
	$0.00

2.84. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$96.43	$96.43

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.85. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$450.00	$450.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.86. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.87. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$96.43	$96.43
	Nonpriority amount
	$0.00

2.88. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$65.00	$65.00
	Nonpriority amount
	$0.00

2.89. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$225.00	$225.00
	Nonpriority amount
	$0.00

2.90. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.91. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$25.00	$25.00
	Nonpriority amount
	$0.00

2.92. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$200.00	$200.00
	Nonpriority amount
	$0.00

2.93. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$419.00	$419.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.94. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$2,025.00	$2,025.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.95. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.96. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$30.00	$30.00
	Nonpriority amount
	$0.00

2.97. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$220.00	$220.00
	Nonpriority amount
	$0.00

2.98. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$250.00	$250.00
	Nonpriority amount
	$0.00

2.99. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.100. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.101. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$160.00	$160.00

Nonpriority amount
$0.00

2.102. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$25.00	$25.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.103. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$900.00	$900.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.104. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$200.00	$200.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.105. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$200.00	$200.00
	Nonpriority amount
	$0.00

2.106. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$200.00	$200.00
	Nonpriority amount
	$0.00

2.107. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$270.00	$270.00
	Nonpriority amount
	$0.00

2.108. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$900.00	$900.00
	Nonpriority amount
	$0.00

2.109. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$70.00	$70.00
	Nonpriority amount
	$0.00

2.110. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$150.00	$150.00
	Nonpriority amount
	$0.00

2.111.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed	**Total claim** $100.00	**Priority amount** $100.00 **Nonpriority amount** $0.00
	Date or dates debt was incurred _____	**Basis for the claim:** CANCELLED EVENTS REFUNDS		
	Last 4 digits of account number: **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**Is the claim subject to offset?** ☑ No ☐ Yes		
2.112.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed	**Total claim** $65.00	**Priority amount** $65.00 **Nonpriority amount** $0.00
	Date or dates debt was incurred _____	**Basis for the claim:** CANCELLED EVENTS REFUNDS		
	Last 4 digits of account number: **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**Is the claim subject to offset?** ☑ No ☐ Yes		
2.113.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed	**Total claim** $300.00	**Priority amount** $300.00 **Nonpriority amount** $0.00
	Date or dates debt was incurred _____	**Basis for the claim:** CANCELLED EVENTS REFUNDS		
	Last 4 digits of account number: **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**Is the claim subject to offset?** ☑ No ☐ Yes		

2.114. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$409.00	$409.00

Nonpriority amount
$0.00

2.115. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$200.00	$200.00

Nonpriority amount
$0.00

2.116. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$25.00	$25.00

Nonpriority amount
$0.00

2.117. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.118. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$80.00	$80.00
	Nonpriority amount
	$0.00

2.119. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$20.00	$20.00
	Nonpriority amount
	$0.00

2.120. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.121. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.122. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$185.00	$185.00

Nonpriority amount
$0.00

2.123. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$200.00	$200.00
	Nonpriority amount
	$0.00

2.124. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.125. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$490.00	$490.00
	Nonpriority amount
	$0.00

2.126. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$200.00	$200.00
	Nonpriority amount
	$0.00

2.127. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$142.50	$142.50
	Nonpriority amount
	$0.00

2.128. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$135.00	$135.00
	Nonpriority amount
	$0.00

2.129. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$288.00	$288.00
	Nonpriority amount
	$0.00

2.130. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$30.00	$30.00
	Nonpriority amount
	$0.00

2.131. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$200.00	$200.00
	Nonpriority amount
	$0.00

2.132. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.133. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$225.00	$225.00
	Nonpriority amount
	$0.00

2.134. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$225.00	$225.00
	Nonpriority amount
	$0.00

2.135. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$875.00	$875.00
	Nonpriority amount
	$0.00

2.136. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$875.00	$875.00
	Nonpriority amount
	$0.00

2.137. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$275.00	$275.00
	Nonpriority amount
	$0.00

2.138. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$181.25	$181.25

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.139. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$450.00	$450.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.140. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$235.00	$235.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.141. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$409.00	$409.00

Nonpriority amount
$0.00

2.142. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$96.43	$96.43

Nonpriority amount
$0.00

2.143. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.144. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.145. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.146. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$65.00	$65.00

Nonpriority amount
$0.00

2.147.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed	**Total claim** $100.00	**Priority amount** $100.00
				Nonpriority amount $0.00
	Date or dates debt was incurred _____	**Basis for the claim:** CANCELLED EVENTS REFUNDS		
	Last 4 digits of account number: **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**Is the claim subject to offset?** ☑ No ☐ Yes		

2.148.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed	**Total claim** $100.00	**Priority amount** $100.00
				Nonpriority amount $0.00
	Date or dates debt was incurred _____	**Basis for the claim:** CANCELLED EVENTS REFUNDS		
	Last 4 digits of account number: **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**Is the claim subject to offset?** ☑ No ☐ Yes		

2.149.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed	**Total claim** $375.00	**Priority amount** $375.00
				Nonpriority amount $0.00
	Date or dates debt was incurred _____	**Basis for the claim:** CANCELLED EVENTS REFUNDS		
	Last 4 digits of account number: **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**Is the claim subject to offset?** ☑ No ☐ Yes		

2.150. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$685.00	$685.00
	Nonpriority amount
	$0.00

2.151. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$60.00	$60.00
	Nonpriority amount
	$0.00

2.152. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$450.00	$450.00
	Nonpriority amount
	$0.00

2.153. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.154. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$300.00	$300.00
	Nonpriority amount
	$0.00

2.155. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$650.00	$650.00
	Nonpriority amount
	$0.00

2.156. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.157. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.158. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$693.75	$693.75

Nonpriority amount
$0.00

2.159. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$409.00	$409.00

Nonpriority amount
$0.00

2.160. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$300.00	$300.00

Nonpriority amount
$0.00

2.161. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$200.00	$200.00

Nonpriority amount
$0.00

2.162. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.163. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$96.43	$96.43
	Nonpriority amount
	$0.00

2.164. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$30.00	$30.00
	Nonpriority amount
	$0.00

2.165. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.166. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$1,227.00	$1,227.00
	Nonpriority amount
	$0.00

2.167. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$200.00	$200.00
	Nonpriority amount
	$0.00

2.168.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed	**Total claim** $814.65	**Priority amount** $814.65
				Nonpriority amount $0.00
	Date or dates debt was incurred _____	**Basis for the claim:** CANCELLED EVENTS REFUNDS		
	Last 4 digits of account number: **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**Is the claim subject to offset?** ☑ No ☐ Yes		

2.169.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed	**Total claim** $200.00	**Priority amount** $200.00
				Nonpriority amount $0.00
	Date or dates debt was incurred _____	**Basis for the claim:** CANCELLED EVENTS REFUNDS		
	Last 4 digits of account number: **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**Is the claim subject to offset?** ☑ No ☐ Yes		

2.170.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed	**Total claim** $125.00	**Priority amount** $125.00
				Nonpriority amount $0.00
	Date or dates debt was incurred _____	**Basis for the claim:** CANCELLED EVENTS REFUNDS		
	Last 4 digits of account number: **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**Is the claim subject to offset?** ☑ No ☐ Yes		

2.171. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$140.00	$140.00
	Nonpriority amount
	$0.00

2.172. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$200.00	$200.00
	Nonpriority amount
	$0.00

2.173. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$25.00	$25.00
	Nonpriority amount
	$0.00

2.174. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$200.00	$200.00
	Nonpriority amount
	$0.00

2.175. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.176. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$300.00	$300.00
	Nonpriority amount
	$0.00

2.177.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed	**Total claim** $409.00	**Priority amount** $409.00
				Nonpriority amount $0.00
	Date or dates debt was incurred _____	**Basis for the claim:** CANCELLED EVENTS REFUNDS		
	Last 4 digits of account number: **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**Is the claim subject to offset?** ☑ No ☐ Yes		

2.178.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed	**Total claim** $235.00	**Priority amount** $235.00
				Nonpriority amount $0.00
	Date or dates debt was incurred _____	**Basis for the claim:** CANCELLED EVENTS REFUNDS		
	Last 4 digits of account number: **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**Is the claim subject to offset?** ☑ No ☐ Yes		

2.179.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed	**Total claim** $135.00	**Priority amount** $135.00
				Nonpriority amount $0.00
	Date or dates debt was incurred _____	**Basis for the claim:** CANCELLED EVENTS REFUNDS		
	Last 4 digits of account number: **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**Is the claim subject to offset?** ☑ No ☐ Yes		

2.180. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.181. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.182. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$260.00	$260.00
	Nonpriority amount
	$0.00

2.183. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$260.00	$260.00
	Nonpriority amount
	$0.00

2.184. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$60.00	$60.00
	Nonpriority amount
	$0.00

2.185. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.186. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$685.00	$685.00
	Nonpriority amount
	$0.00

2.187. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.188. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.189. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$75.00	$75.00
	Nonpriority amount
	$0.00

2.190. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$160.00	$160.00
	Nonpriority amount
	$0.00

2.191. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$250.00	$250.00
	Nonpriority amount
	$0.00

2.192. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.193. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$315.00	$315.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.194. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$200.00	$200.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.195. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$10.00	$10.00
	Nonpriority amount
	$0.00

2.196. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.197. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.198. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$425.00	$425.00
	Nonpriority amount
	$0.00

2.199. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.200. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$300.00	$300.00
	Nonpriority amount
	$0.00

2.201. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount	Nonpriority amount
$814.65	$814.65	$0.00

2.202. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount	Nonpriority amount
$250.00	$250.00	$0.00

2.203. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount	Nonpriority amount
$100.00	$100.00	$0.00

2.204. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$814.65	$814.65
	Nonpriority amount
	$0.00

2.205. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$75.00	$75.00
	Nonpriority amount
	$0.00

2.206. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$60.00	$60.00
	Nonpriority amount
	$0.00

2.207. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$264.65	$264.65
	Nonpriority amount
	$0.00

2.208. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$814.65	$814.65
	Nonpriority amount
	$0.00

2.209. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$830.00	$830.00
	Nonpriority amount
	$0.00

2.210. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.211. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$295.00	$295.00

Nonpriority amount
$0.00

2.212. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.213. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.214. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$140.00	$140.00

Nonpriority amount
$0.00

2.215. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$200.00	$200.00

Nonpriority amount
$0.00

2.216. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$175.00	$175.00
	Nonpriority amount
	$0.00

2.217. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$140.00	$140.00
	Nonpriority amount
	$0.00

2.218. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.219. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$96.43	$96.43
	Nonpriority amount
	$0.00

2.220. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$25.00	$25.00
	Nonpriority amount
	$0.00

2.221. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$685.00	$685.00
	Nonpriority amount
	$0.00

2.222. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$200.00	$200.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.223. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$25.00	$25.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.224. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$160.00	$160.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.225. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$700.00	$700.00
	Nonpriority amount
	$0.00

2.226. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$1,298.99	$1,298.99
	Nonpriority amount
	$0.00

2.227. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$814.65	$814.65
	Nonpriority amount
	$0.00

2.228.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed	**Total claim** $100.00	**Priority amount** $100.00 **Nonpriority amount** $0.00
	Date or dates debt was incurred _____	**Basis for the claim:** CANCELLED EVENTS REFUNDS		
	Last 4 digits of account number: **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**Is the claim subject to offset?** ☑ No ☐ Yes		

2.229.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed	**Total claim** $10.00	**Priority amount** $10.00 **Nonpriority amount** $0.00
	Date or dates debt was incurred _____	**Basis for the claim:** CANCELLED EVENTS REFUNDS		
	Last 4 digits of account number: **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**Is the claim subject to offset?** ☑ No ☐ Yes		

2.230.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed	**Total claim** $100.00	**Priority amount** $100.00 **Nonpriority amount** $0.00
	Date or dates debt was incurred _____	**Basis for the claim:** CANCELLED EVENTS REFUNDS		
	Last 4 digits of account number: **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**Is the claim subject to offset?** ☑ No ☐ Yes		

2.231. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$419.00	$419.00
	Nonpriority amount
	$0.00

2.232. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$30.00	$30.00
	Nonpriority amount
	$0.00

2.233. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$409.00	$409.00
	Nonpriority amount
	$0.00

2.234. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.235. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.236. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$280.00	$280.00

Nonpriority amount
$0.00

2.237. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$96.43	$96.43
	Nonpriority amount
	$0.00

2.238. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.239. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.240. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$30.00	$30.00
	Nonpriority amount
	$0.00

2.241. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$1,570.00	$1,570.00
	Nonpriority amount
	$0.00

2.242. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.243. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$409.00	$409.00
	Nonpriority amount
	$0.00

2.244. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$10.00	$10.00
	Nonpriority amount
	$0.00

2.245. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$1,120.00	$1,120.00
	Nonpriority amount
	$0.00

2.246.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $100.00	**Priority amount** $100.00 **Nonpriority amount** $0.00
2.247.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $100.00	**Priority amount** $100.00 **Nonpriority amount** $0.00
2.248.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $320.00	**Priority amount** $320.00 **Nonpriority amount** $0.00

2.249. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$65.00	$65.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.250. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.251. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.252. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$200.00	$200.00
	Nonpriority amount
	$0.00

2.253. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$75.00	$75.00
	Nonpriority amount
	$0.00

2.254. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$350.00	$350.00
	Nonpriority amount
	$0.00

2.255. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.256. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$300.00	$300.00

Nonpriority amount
$0.00

2.257. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$40.00	$40.00

Nonpriority amount
$0.00

2.258. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$670.00	$670.00
	Nonpriority amount
	$0.00

2.259. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$409.00	$409.00
	Nonpriority amount
	$0.00

2.260. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.261. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount	Nonpriority amount
$200.00	$200.00	$0.00

2.262. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount	Nonpriority amount
$60.00	$60.00	$0.00

2.263. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount	Nonpriority amount
$235.00	$235.00	$0.00

2.264. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.265. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$30.00	$30.00
	Nonpriority amount
	$0.00

2.266. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.267. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$200.00	$200.00

Nonpriority amount
$0.00

2.268. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$260.00	$260.00

Nonpriority amount
$0.00

2.269. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$304.50	$304.50

Nonpriority amount
$0.00

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

2.270.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $470.00	**Priority amount** $470.00 **Nonpriority amount** $0.00
2.271.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $805.00	**Priority amount** $805.00 **Nonpriority amount** $0.00
2.272.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $540.00	**Priority amount** $540.00 **Nonpriority amount** $0.00

2.273. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.274. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$325.00	$325.00
	Nonpriority amount
	$0.00

2.275. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$200.00	$200.00
	Nonpriority amount
	$0.00

2.276. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.277. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$300.00	$300.00
	Nonpriority amount
	$0.00

2.278. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$55.58	$55.58
	Nonpriority amount
	$0.00

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

2.279.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $155.00	**Priority amount** $155.00 **Nonpriority amount** $0.00
	Date or dates debt was incurred _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)			
2.280.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $30.00	**Priority amount** $30.00 **Nonpriority amount** $0.00
	Date or dates debt was incurred _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)			
2.281.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $96.43	**Priority amount** $96.43 **Nonpriority amount** $0.00
	Date or dates debt was incurred _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)			

2.282. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.283. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$30.00	$30.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.284. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$200.00	$200.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.285.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed	**Total claim** $485.00	**Priority amount** $485.00 **Nonpriority amount** $0.00
	Date or dates debt was incurred _____	**Basis for the claim:** CANCELLED EVENTS REFUNDS		
	Last 4 digits of account number: **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**Is the claim subject to offset?** ☑ No ☐ Yes		
2.286.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed	**Total claim** $200.00	**Priority amount** $200.00 **Nonpriority amount** $0.00
	Date or dates debt was incurred _____	**Basis for the claim:** CANCELLED EVENTS REFUNDS		
	Last 4 digits of account number: **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**Is the claim subject to offset?** ☑ No ☐ Yes		
2.287.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed	**Total claim** $100.00	**Priority amount** $100.00 **Nonpriority amount** $0.00
	Date or dates debt was incurred _____	**Basis for the claim:** CANCELLED EVENTS REFUNDS		
	Last 4 digits of account number: **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**Is the claim subject to offset?** ☑ No ☐ Yes		

2.288. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$30.00	$30.00
	Nonpriority amount
	$0.00

2.289. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$70.00	$70.00
	Nonpriority amount
	$0.00

2.290. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$200.00	$200.00
	Nonpriority amount
	$0.00

2.291.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $75.00	**Priority amount** $75.00 **Nonpriority amount** $0.00
2.292.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $670.00	**Priority amount** $670.00 **Nonpriority amount** $0.00
2.293.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $100.00	**Priority amount** $100.00 **Nonpriority amount** $0.00

2.294.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $100.00	**Priority amount** $100.00 **Nonpriority amount** $0.00
2.295.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $100.00	**Priority amount** $100.00 **Nonpriority amount** $0.00
2.296.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $100.00	**Priority amount** $100.00 **Nonpriority amount** $0.00

2.297. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$330.00	$330.00
	Nonpriority amount
	$0.00

2.298. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.299. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.300. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.301. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$670.00	$670.00

Nonpriority amount
$0.00

2.302. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$200.00	$200.00

Nonpriority amount
$0.00

2.303. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$107.00	$107.00
	Nonpriority amount
	$0.00

2.304. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$96.43	$96.43
	Nonpriority amount
	$0.00

2.305. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$200.00	$200.00
	Nonpriority amount
	$0.00

2.306. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.307. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$190.00	$190.00

Nonpriority amount
$0.00

2.308. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$814.65	$814.65

Nonpriority amount
$0.00

2.309. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$1,024.80	$1,024.80
	Nonpriority amount
	$0.00

2.310. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$675.00	$675.00
	Nonpriority amount
	$0.00

2.311. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$259.00	$259.00
	Nonpriority amount
	$0.00

2.312. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$175.00	$175.00

Nonpriority amount
$0.00

2.313. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$475.00	$475.00

Nonpriority amount
$0.00

2.314. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$285.00	$285.00

Nonpriority amount
$0.00

2.315.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed	**Total claim** $96.43	**Priority amount** $96.43 **Nonpriority amount** $0.00
	Date or dates debt was incurred _____	**Basis for the claim:** CANCELLED EVENTS REFUNDS		
	Last 4 digits of account number: **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**Is the claim subject to offset?** ☑ No ☐ Yes		

2.316.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed	**Total claim** $50.00	**Priority amount** $50.00 **Nonpriority amount** $0.00
	Date or dates debt was incurred _____	**Basis for the claim:** CANCELLED EVENTS REFUNDS		
	Last 4 digits of account number: **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**Is the claim subject to offset?** ☑ No ☐ Yes		

2.317.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed	**Total claim** $170.00	**Priority amount** $170.00 **Nonpriority amount** $0.00
	Date or dates debt was incurred _____	**Basis for the claim:** CANCELLED EVENTS REFUNDS		
	Last 4 digits of account number: **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**Is the claim subject to offset?** ☑ No ☐ Yes		

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

2.318. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$310.00	$310.00
	Nonpriority amount
	$0.00

2.319. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$280.00	$280.00
	Nonpriority amount
	$0.00

2.320. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$280.00	$280.00
	Nonpriority amount
	$0.00

2.321. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$50.00	$50.00
	Nonpriority amount
	$0.00

2.322. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$190.00	$190.00
	Nonpriority amount
	$0.00

2.323. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$200.00	$200.00
	Nonpriority amount
	$0.00

2.324. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$470.00	$470.00
	Nonpriority amount
	$0.00

2.325. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.326. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.327. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$190.00	$190.00
	Nonpriority amount
	$0.00

2.328. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$1,620.00	$1,620.00
	Nonpriority amount
	$0.00

2.329. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.330. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.331. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$25.00	$25.00
	Nonpriority amount
	$0.00

2.332. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$818.00	$818.00
	Nonpriority amount
	$0.00

2.333. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.334. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$200.00	$200.00
	Nonpriority amount
	$0.00

2.335. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$30.00	$30.00
	Nonpriority amount
	$0.00

2.336. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$300.00	$300.00

Nonpriority amount
$0.00

2.337. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.338. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$96.43	$96.43

Nonpriority amount
$0.00

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

2.339. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$565.00	$565.00

Nonpriority amount
$0.00

2.340. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.341. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$90.00	$90.00

Nonpriority amount
$0.00

2.342. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$425.00	$425.00
	Nonpriority amount
	$0.00

2.343. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.344. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$10.00	$10.00
	Nonpriority amount
	$0.00

2.345. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.346. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$200.00	$200.00
	Nonpriority amount
	$0.00

2.347. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

2.348. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$875.00	$875.00
	Nonpriority amount
	$0.00

2.349. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.350. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$25.00	$25.00
	Nonpriority amount
	$0.00

2.351. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$1,070.00	$1,070.00
	Nonpriority amount
	$0.00

2.352. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$25.00	$25.00
	Nonpriority amount
	$0.00

2.353. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$250.00	$250.00
	Nonpriority amount
	$0.00

2.354. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$60.00	$60.00
	Nonpriority amount
	$0.00

2.355. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.356. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$30.00	$30.00
	Nonpriority amount
	$0.00

2.357. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$30.00	$30.00

Nonpriority amount
$0.00

2.358. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.359. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$739.00	$739.00

Nonpriority amount
$0.00

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

2.360. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$80.00	$80.00
	Nonpriority amount
	$0.00

2.361. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$425.00	$425.00
	Nonpriority amount
	$0.00

2.362. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$260.00	$260.00
	Nonpriority amount
	$0.00

2.363. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$260.00	$260.00
	Nonpriority amount
	$0.00

2.364. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$814.65	$814.65
	Nonpriority amount
	$0.00

2.365. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$25.00	$25.00
	Nonpriority amount
	$0.00

2.366. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.367. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$96.43	$96.43
	Nonpriority amount
	$0.00

2.368. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.369.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $96.43	**Priority amount** $96.43 **Nonpriority amount** $0.00
2.370.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $135.00	**Priority amount** $135.00 **Nonpriority amount** $0.00
2.371.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $155.00	**Priority amount** $155.00 **Nonpriority amount** $0.00

2.372. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$30.00	$30.00
	Nonpriority amount
	$0.00

2.373. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$160.00	$160.00
	Nonpriority amount
	$0.00

2.374. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$200.00	$200.00
	Nonpriority amount
	$0.00

2.375. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.376. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$350.00	$350.00
	Nonpriority amount
	$0.00

2.377. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$435.00	$435.00
	Nonpriority amount
	$0.00

2.378. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.379. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$140.00	$140.00
	Nonpriority amount
	$0.00

2.380. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$500.00	$500.00
	Nonpriority amount
	$0.00

2.381.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $160.00	**Priority amount** $160.00 **Nonpriority amount** $0.00
2.382.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $175.00	**Priority amount** $175.00 **Nonpriority amount** $0.00
2.383.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $170.00	**Priority amount** $170.00 **Nonpriority amount** $0.00

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

2.384.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $200.00	**Priority amount** $200.00 **Nonpriority amount** $0.00
	Date or dates debt was incurred _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)			
2.385.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $875.00	**Priority amount** $875.00 **Nonpriority amount** $0.00
	Date or dates debt was incurred _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)			
2.386.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $1,620.00	**Priority amount** $1,620.00 **Nonpriority amount** $0.00
	Date or dates debt was incurred _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)			

2.387. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.388. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$200.00	$200.00
	Nonpriority amount
	$0.00

2.389. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

2.390. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$96.43	$96.43

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.391. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$1,050.00	$1,050.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.392. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$1,875.00	$1,875.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.393. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$96.43	$96.43

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.394. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$150.00	$150.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.395. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.396. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.397. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$980.00	$980.00
	Nonpriority amount
	$0.00

2.398. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

2.399. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.400. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.401. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$450.00	$450.00

Nonpriority amount
$0.00

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

2.402.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $25.00 **Nonpriority amount** $0.00	**Priority amount** $25.00
	Date or dates debt was incurred _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)			

2.403.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $1,000.00 **Nonpriority amount** $0.00	**Priority amount** $1,000.00
	Date or dates debt was incurred _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)			

2.404.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $200.00 **Nonpriority amount** $0.00	**Priority amount** $200.00
	Date or dates debt was incurred _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)			

2.405. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$30.00	$30.00
	Nonpriority amount
	$0.00

2.406. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$350.00	$350.00
	Nonpriority amount
	$0.00

2.407. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$200.00	$200.00
	Nonpriority amount
	$0.00

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

2.408. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.409. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$200.00	$200.00
	Nonpriority amount
	$0.00

2.410. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$65.00	$65.00
	Nonpriority amount
	$0.00

2.411.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $100.00	**Priority amount** $100.00 **Nonpriority amount** $0.00
2.412.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $75.00	**Priority amount** $75.00 **Nonpriority amount** $0.00
2.413.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $200.00	**Priority amount** $200.00 **Nonpriority amount** $0.00

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

2.414. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.415. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$200.00	$200.00
	Nonpriority amount
	$0.00

2.416. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$200.00	$200.00
	Nonpriority amount
	$0.00

2.417. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$409.00	$409.00
	Nonpriority amount
	$0.00

2.418. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$25.00	$25.00
	Nonpriority amount
	$0.00

2.419. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$500.00	$500.00
	Nonpriority amount
	$0.00

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

2.420. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$200.00	$200.00

Nonpriority amount
$0.00

2.421. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$177.00	$177.00

Nonpriority amount
$0.00

2.422. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$200.00	$200.00

Nonpriority amount
$0.00

2.423. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.424. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$50.00	$50.00
	Nonpriority amount
	$0.00

2.425. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

2.426. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$685.00	$685.00
	Nonpriority amount
	$0.00

2.427. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.428. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.429.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $685.00	**Priority amount** $685.00 **Nonpriority amount** $0.00
2.430.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $280.00	**Priority amount** $280.00 **Nonpriority amount** $0.00
2.431.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $25.00	**Priority amount** $25.00 **Nonpriority amount** $0.00

2.432. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.433. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$96.43	$96.43

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.434. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$185.00	$185.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.435. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$500.00	$500.00

Nonpriority amount
$0.00

2.436. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$30.00	$30.00

Nonpriority amount
$0.00

2.437. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$409.00	$409.00

Nonpriority amount
$0.00

2.438. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$670.00	$670.00
	Nonpriority amount
	$0.00

2.439. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$200.00	$200.00
	Nonpriority amount
	$0.00

2.440. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$875.00	$875.00
	Nonpriority amount
	$0.00

2.441. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$875.00	$875.00
	Nonpriority amount
	$0.00

2.442. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$200.00	$200.00
	Nonpriority amount
	$0.00

2.443. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$575.00	$575.00
	Nonpriority amount
	$0.00

2.444.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $200.00	**Priority amount** $200.00 **Nonpriority amount** $0.00
2.445.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $200.00	**Priority amount** $200.00 **Nonpriority amount** $0.00
2.446.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $200.00	**Priority amount** $200.00 **Nonpriority amount** $0.00

2.447. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$200.00	$200.00
	Nonpriority amount
	$0.00

2.448. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$25.00	$25.00
	Nonpriority amount
	$0.00

2.449. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.450. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.451. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.452. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$670.00	$670.00
	Nonpriority amount
	$0.00

2.453. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$30.00	$30.00
	Nonpriority amount
	$0.00

2.454. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$150.00	$150.00
	Nonpriority amount
	$0.00

2.455. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$200.00	$200.00
	Nonpriority amount
	$0.00

2.456. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$96.43	$96.43
	Nonpriority amount
	$0.00

2.457. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$200.00	$200.00
	Nonpriority amount
	$0.00

2.458. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$814.65	$814.65
	Nonpriority amount
	$0.00

2.459. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$875.00	$875.00
	Nonpriority amount
	$0.00

2.460. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$65.00	$65.00
	Nonpriority amount
	$0.00

2.461. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$30.00	$30.00
	Nonpriority amount
	$0.00

2.462. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$200.00	$200.00
	Nonpriority amount
	$0.00

2.463. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$814.65	$814.65
	Nonpriority amount
	$0.00

2.464. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.465. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.466. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.467. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.468. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$300.00	$300.00

Nonpriority amount
$0.00

2.469. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.470. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$385.00	$385.00

Nonpriority amount
$0.00

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

2.471.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $335.00	**Priority amount** $335.00 **Nonpriority amount** $0.00
	Date or dates debt was incurred _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)			
2.472.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $100.00	**Priority amount** $100.00 **Nonpriority amount** $0.00
	Date or dates debt was incurred _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)			
2.473.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $100.00	**Priority amount** $100.00 **Nonpriority amount** $0.00
	Date or dates debt was incurred _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)			

2.474. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$670.00	$670.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.475. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$10.00	$10.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.476. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.477. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.478. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$200.00	$200.00
	Nonpriority amount
	$0.00

2.479. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$200.00	$200.00
	Nonpriority amount
	$0.00

2.480. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.481. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$320.00	$320.00
	Nonpriority amount
	$0.00

2.482. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$200.00	$200.00
	Nonpriority amount
	$0.00

2.483.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $25.00	**Priority amount** $25.00 **Nonpriority amount** $0.00
2.484.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $595.00	**Priority amount** $595.00 **Nonpriority amount** $0.00
2.485.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $320.00	**Priority amount** $320.00 **Nonpriority amount** $0.00

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

2.486.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Date or dates debt was incurred** _____ **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $409.00 **Nonpriority amount** $0.00	**Priority amount** $409.00
	Last 4 digits of account number: **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)			
2.487.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Date or dates debt was incurred** _____ **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $140.00 **Nonpriority amount** $0.00	**Priority amount** $140.00
	Last 4 digits of account number: **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)			
2.488.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Date or dates debt was incurred** _____ **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $96.43 **Nonpriority amount** $0.00	**Priority amount** $96.43
	Last 4 digits of account number: **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)			

2.489.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed	**Total claim** $300.00	**Priority amount** $300.00
				Nonpriority amount $0.00
	Date or dates debt was incurred _____	**Basis for the claim:** CANCELLED EVENTS REFUNDS		
	Last 4 digits of account number: **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**Is the claim subject to offset?** ☑ No ☐ Yes		

2.490.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed	**Total claim** $250.00	**Priority amount** $250.00
				Nonpriority amount $0.00
	Date or dates debt was incurred _____	**Basis for the claim:** CANCELLED EVENTS REFUNDS		
	Last 4 digits of account number: **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**Is the claim subject to offset?** ☑ No ☐ Yes		

2.491.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed	**Total claim** $600.00	**Priority amount** $600.00
				Nonpriority amount $0.00
	Date or dates debt was incurred _____	**Basis for the claim:** CANCELLED EVENTS REFUNDS		
	Last 4 digits of account number: **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**Is the claim subject to offset?** ☑ No ☐ Yes		

2.492. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$200.00	$200.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.493. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$30.00	$30.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.494. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$150.00	$150.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.495.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed	**Total claim** $250.00	**Priority amount** $250.00 **Nonpriority amount** $0.00
	Date or dates debt was incurred _____	**Basis for the claim:** CANCELLED EVENTS REFUNDS		
	Last 4 digits of account number: **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**Is the claim subject to offset?** ☑ No ☐ Yes		

2.496.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed	**Total claim** $100.00	**Priority amount** $100.00 **Nonpriority amount** $0.00
	Date or dates debt was incurred _____	**Basis for the claim:** CANCELLED EVENTS REFUNDS		
	Last 4 digits of account number: **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**Is the claim subject to offset?** ☑ No ☐ Yes		

2.497.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed	**Total claim** $25.00	**Priority amount** $25.00 **Nonpriority amount** $0.00
	Date or dates debt was incurred _____	**Basis for the claim:** CANCELLED EVENTS REFUNDS		
	Last 4 digits of account number: **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**Is the claim subject to offset?** ☑ No ☐ Yes		

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

2.498. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$60.00	$60.00
	Nonpriority amount
	$0.00

2.499. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$250.00	$250.00
	Nonpriority amount
	$0.00

2.500. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$10.00	$10.00
	Nonpriority amount
	$0.00

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

2.501.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $1,488.00	**Priority amount** $1,488.00 **Nonpriority amount** $0.00
	Date or dates debt was incurred _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)			
2.502.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $202.01	**Priority amount** $202.01 **Nonpriority amount** $0.00
	Date or dates debt was incurred _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)			
2.503.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $80.00	**Priority amount** $80.00 **Nonpriority amount** $0.00
	Date or dates debt was incurred _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)			

2.504. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.505. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.506. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$900.00	$900.00

Nonpriority amount
$0.00

2.507. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$496.43	$496.43
	Nonpriority amount
	$0.00

2.508. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$10.00	$10.00
	Nonpriority amount
	$0.00

2.509. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$75.00	$75.00
	Nonpriority amount
	$0.00

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

2.510. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.511. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$25.00	$25.00
	Nonpriority amount
	$0.00

2.512. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$96.43	$96.43
	Nonpriority amount
	$0.00

2.513. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$60.00	$60.00
	Nonpriority amount
	$0.00

2.514. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.515. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$409.00	$409.00
	Nonpriority amount
	$0.00

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

2.516. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$10.00	$10.00
	Nonpriority amount
	$0.00

2.517. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$320.00	$320.00
	Nonpriority amount
	$0.00

2.518. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$160.00	$160.00
	Nonpriority amount
	$0.00

2.519. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$250.00	$250.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.520. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$409.00	$409.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.521. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

2.522. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$140.00	$140.00
	Nonpriority amount
	$0.00

2.523. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$96.43	$96.43
	Nonpriority amount
	$0.00

2.524. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$200.00	$200.00
	Nonpriority amount
	$0.00

2.525. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.526. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.527. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$175.00	$175.00

Nonpriority amount
$0.00

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

2.528.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $275.00	**Priority amount** $275.00 **Nonpriority amount** $0.00
2.529.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $1,370.00	**Priority amount** $1,370.00 **Nonpriority amount** $0.00
2.530.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $50.00	**Priority amount** $50.00 **Nonpriority amount** $0.00

2.531. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.532. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$409.00	$409.00

Nonpriority amount
$0.00

2.533. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.534. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.535. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$250.00	$250.00

Nonpriority amount
$0.00

2.536. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$435.00	$435.00

Nonpriority amount
$0.00

2.537. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$70.00	$70.00
	Nonpriority amount
	$0.00

2.538. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.539. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$25.00	$25.00
	Nonpriority amount
	$0.00

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

2.540. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.541. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.542. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$30.00	$30.00

Nonpriority amount
$0.00

2.543. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.544. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$450.00	$450.00
	Nonpriority amount
	$0.00

2.545. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$235.00	$235.00
	Nonpriority amount
	$0.00

2.546. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$818.00	$818.00
	Nonpriority amount
	$0.00

2.547. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$40.00	$40.00
	Nonpriority amount
	$0.00

2.548. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.549. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.550. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$152.01	$152.01

Nonpriority amount
$0.00

2.551. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$240.00	$240.00

Nonpriority amount
$0.00

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

2.552. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$670.00	$670.00
	Nonpriority amount
	$0.00

2.553. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$200.00	$200.00
	Nonpriority amount
	$0.00

2.554. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$350.00	$350.00
	Nonpriority amount
	$0.00

2.555. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$350.00	$350.00
	Nonpriority amount
	$0.00

2.556. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$814.65	$814.65
	Nonpriority amount
	$0.00

2.557. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$55.58	$55.58
	Nonpriority amount
	$0.00

2.558. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$855.00	$855.00
	Nonpriority amount
	$0.00

2.559. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$150.00	$150.00
	Nonpriority amount
	$0.00

2.560. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$670.00	$670.00
	Nonpriority amount
	$0.00

2.561. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.562. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$30.00	$30.00
	Nonpriority amount
	$0.00

2.563. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$140.00	$140.00
	Nonpriority amount
	$0.00

2.564. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$96.43	$96.43
	Nonpriority amount
	$0.00

2.565. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.566. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.567. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$200.00	$200.00
	Nonpriority amount
	$0.00

2.568. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$90.00	$90.00
	Nonpriority amount
	$0.00

2.569. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$60.00	$60.00
	Nonpriority amount
	$0.00

2.570. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$200.00	$200.00
	Nonpriority amount
	$0.00

2.571. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$250.00	$250.00
	Nonpriority amount
	$0.00

2.572. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$200.00	$200.00
	Nonpriority amount
	$0.00

2.573. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$250.00	$250.00
	Nonpriority amount
	$0.00

2.574. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$270.00	$270.00
	Nonpriority amount
	$0.00

2.575. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$325.00	$325.00
	Nonpriority amount
	$0.00

2.576. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.577. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.578. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$60.00	$60.00

Nonpriority amount
$0.00

2.579.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $100.00	**Priority amount** $100.00 **Nonpriority amount** $0.00
	Date or dates debt was incurred _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)			
2.580.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $200.00	**Priority amount** $200.00 **Nonpriority amount** $0.00
	Date or dates debt was incurred _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)			
2.581.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $100.00	**Priority amount** $100.00 **Nonpriority amount** $0.00
	Date or dates debt was incurred _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)			

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

2.582. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$25.00	$25.00
	Nonpriority amount
	$0.00

2.583. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.584. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$209.00	$209.00
	Nonpriority amount
	$0.00

2.585. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$4,186.43	$4,186.43
	Nonpriority amount
	$3,025.00

2.586. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$1,620.00	$1,620.00
	Nonpriority amount
	$0.00

2.587. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.588. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$875.00	$875.00
	Nonpriority amount
	$0.00

2.589. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$90.00	$90.00
	Nonpriority amount
	$0.00

2.590. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$96.43	$96.43
	Nonpriority amount
	$0.00

2.591. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$135.00	$135.00
	Nonpriority amount
	$0.00

2.592. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$96.43	$96.43
	Nonpriority amount
	$0.00

2.593. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.594. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$200.00	$200.00

Nonpriority amount
$0.00

2.595. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$200.00	$200.00

Nonpriority amount
$0.00

2.596. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.597.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed	**Total claim** $96.43	**Priority amount** $96.43
				Nonpriority amount $0.00
	Date or dates debt was incurred _____	**Basis for the claim:** CANCELLED EVENTS REFUNDS		
	Last 4 digits of account number: **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**Is the claim subject to offset?** ☑ No ☐ Yes		

2.598.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed	**Total claim** $100.00	**Priority amount** $100.00
				Nonpriority amount $0.00
	Date or dates debt was incurred _____	**Basis for the claim:** CANCELLED EVENTS REFUNDS		
	Last 4 digits of account number: **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**Is the claim subject to offset?** ☑ No ☐ Yes		

2.599.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed	**Total claim** $200.00	**Priority amount** $200.00
				Nonpriority amount $0.00
	Date or dates debt was incurred _____	**Basis for the claim:** CANCELLED EVENTS REFUNDS		
	Last 4 digits of account number: **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**Is the claim subject to offset?** ☑ No ☐ Yes		

2.600. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$224.00	$224.00

Nonpriority amount
$0.00

2.601. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$50.00	$50.00

Nonpriority amount
$0.00

2.602. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$2,290.00	$2,290.00

Nonpriority amount
$0.00

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

2.603. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$250.00	$250.00
	Nonpriority amount
	$0.00

2.604. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$814.65	$814.65
	Nonpriority amount
	$0.00

2.605. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

2.606. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$25.00	$25.00
	Nonpriority amount
	$0.00

2.607. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$450.00	$450.00
	Nonpriority amount
	$0.00

2.608. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.609. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.610. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$30.00	$30.00
	Nonpriority amount
	$0.00

2.611. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$250.00	$250.00
	Nonpriority amount
	$0.00

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

2.612. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$200.00	$200.00

Nonpriority amount
$0.00

2.613. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$10.00	$10.00

Nonpriority amount
$0.00

2.614. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$200.00	$200.00

Nonpriority amount
$0.00

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

2.615. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$409.00	$409.00

Nonpriority amount
$0.00

2.616. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$75.00	$75.00

Nonpriority amount
$0.00

2.617. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

2.618. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$409.00	$409.00

Nonpriority amount
$0.00

2.619. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$170.00	$170.00

Nonpriority amount
$0.00

2.620. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$135.00	$135.00

Nonpriority amount
$0.00

2.621. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.622. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$200.00	$200.00

Nonpriority amount
$0.00

2.623. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$325.00	$325.00

Nonpriority amount
$0.00

2.624. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$150.00	$150.00
	Nonpriority amount
	$0.00

2.625. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.626. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$96.43	$96.43
	Nonpriority amount
	$0.00

2.627. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$200.00	$200.00
	Nonpriority amount
	$0.00

2.628. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$350.00	$350.00
	Nonpriority amount
	$0.00

2.629. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$10.00	$10.00
	Nonpriority amount
	$0.00

2.630. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$300.00	$300.00

Nonpriority amount
$0.00

2.631. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$65.00	$65.00

Nonpriority amount
$0.00

2.632. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$10.00	$10.00

Nonpriority amount
$0.00

2.633. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$30.00	$30.00
	Nonpriority amount
	$0.00

2.634. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.635. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$470.00	$470.00
	Nonpriority amount
	$0.00

2.636. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$535.00	$535.00
	Nonpriority amount
	$0.00

2.637. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$96.43	$96.43
	Nonpriority amount
	$0.00

2.638. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$75.00	$75.00
	Nonpriority amount
	$0.00

2.639. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$409.00	$409.00
	Nonpriority amount
	$0.00

2.640. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$75.00	$75.00
	Nonpriority amount
	$0.00

2.641. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$10.00	$10.00
	Nonpriority amount
	$0.00

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

2.642. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$30.00	$30.00
	Nonpriority amount
	$0.00

2.643. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.644. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$70.00	$70.00
	Nonpriority amount
	$0.00

2.645. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$200.00	$200.00

Nonpriority amount
$0.00

2.646. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$200.00	$200.00

Nonpriority amount
$0.00

2.647. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$409.00	$409.00

Nonpriority amount
$0.00

2.648. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$240.00	$240.00
	Nonpriority amount
	$0.00

2.649. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.650. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$175.00	$175.00
	Nonpriority amount
	$0.00

2.651. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$80.00	$80.00
	Nonpriority amount
	$0.00

2.652. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$1,020.00	$1,020.00
	Nonpriority amount
	$0.00

2.653. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.654. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$80.00	$80.00
	Nonpriority amount
	$0.00

2.655. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$10.00	$10.00
	Nonpriority amount
	$0.00

2.656. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$200.00	$200.00
	Nonpriority amount
	$0.00

2.657. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.658. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$25.00	$25.00

Nonpriority amount
$0.00

2.659. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$75.00	$75.00

Nonpriority amount
$0.00

2.660. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$75.00	$75.00
	Nonpriority amount
	$0.00

2.661. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$200.00	$200.00
	Nonpriority amount
	$0.00

2.662. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$500.00	$500.00
	Nonpriority amount
	$0.00

2.663. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$320.00	$320.00
	Nonpriority amount
	$0.00

2.664. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$280.00	$280.00
	Nonpriority amount
	$0.00

2.665. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$30.00	$30.00
	Nonpriority amount
	$0.00

2.666. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$200.00	$200.00
	Nonpriority amount
	$0.00

2.667. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$814.65	$814.65
	Nonpriority amount
	$0.00

2.668. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$1,735.00	$1,735.00
	Nonpriority amount
	$0.00

2.669. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$140.00	$140.00

Nonpriority amount
$0.00

2.670. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.671. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$150.00	$150.00

Nonpriority amount
$0.00

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

2.672. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$1,120.00	$1,120.00
	Nonpriority amount
	$0.00

2.673. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$270.00	$270.00
	Nonpriority amount
	$0.00

2.674. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$600.00	$600.00
	Nonpriority amount
	$0.00

2.675.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed	**Total claim** $100.00	**Priority amount** $100.00 **Nonpriority amount** $0.00
	Date or dates debt was incurred _____	**Basis for the claim:** CANCELLED EVENTS REFUNDS		
	Last 4 digits of account number: **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**Is the claim subject to offset?** ☑ No ☐ Yes		
2.676.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed	**Total claim** $100.00	**Priority amount** $100.00 **Nonpriority amount** $0.00
	Date or dates debt was incurred _____	**Basis for the claim:** CANCELLED EVENTS REFUNDS		
	Last 4 digits of account number: **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**Is the claim subject to offset?** ☑ No ☐ Yes		
2.677.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed	**Total claim** $430.00	**Priority amount** $430.00 **Nonpriority amount** $0.00
	Date or dates debt was incurred _____	**Basis for the claim:** CANCELLED EVENTS REFUNDS		
	Last 4 digits of account number: **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**Is the claim subject to offset?** ☑ No ☐ Yes		

2.678.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $250.00	**Priority amount** $250.00 **Nonpriority amount** $0.00
2.679.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $1,850.00	**Priority amount** $1,850.00 **Nonpriority amount** $0.00
2.680.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $200.00	**Priority amount** $200.00 **Nonpriority amount** $0.00

2.681.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $250.00	**Priority amount** $250.00 **Nonpriority amount** $0.00
2.682.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $30.00	**Priority amount** $30.00 **Nonpriority amount** $0.00
2.683.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $100.00	**Priority amount** $100.00 **Nonpriority amount** $0.00

2.684. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$150.00	$150.00

Nonpriority amount
$0.00

2.685. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.686. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$200.00	$200.00

Nonpriority amount
$0.00

2.687. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$350.00	$350.00

Nonpriority amount
$0.00

2.688. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$200.00	$200.00

Nonpriority amount
$0.00

2.689. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$80.00	$80.00

Nonpriority amount
$0.00

2.690. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$200.00	$200.00

Nonpriority amount
$0.00

2.691. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$200.00	$200.00

Nonpriority amount
$0.00

2.692. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$65.00	$65.00

Nonpriority amount
$0.00

2.693. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$1,050.00	$1,050.00

Nonpriority amount
$0.00

2.694. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.695. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$485.00	$485.00

Nonpriority amount
$0.00

2.696. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$30.00	$30.00
	Nonpriority amount
	$0.00

2.697. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$409.00	$409.00
	Nonpriority amount
	$0.00

2.698. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.699. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.700. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$80.00	$80.00
	Nonpriority amount
	$0.00

2.701. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.702. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$814.65	$814.65
	Nonpriority amount
	$0.00

2.703. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$96.43	$96.43
	Nonpriority amount
	$0.00

2.704. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.705. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$25.00	$25.00
	Nonpriority amount
	$0.00

2.706. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$60.00	$60.00
	Nonpriority amount
	$0.00

2.707. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$96.43	$96.43
	Nonpriority amount
	$0.00

2.708. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$818.00	$818.00
	Nonpriority amount
	$0.00

2.709. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$90.00	$90.00
	Nonpriority amount
	$0.00

2.710. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$25.00	$25.00
	Nonpriority amount
	$0.00

2.711. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$814.65	$814.65
	Nonpriority amount
	$0.00

2.712. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.713. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

2.714. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$140.00	$140.00
	Nonpriority amount
	$0.00

2.715. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$25.00	$25.00
	Nonpriority amount
	$0.00

2.716. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$25.00	$25.00
	Nonpriority amount
	$0.00

2.717.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $30.00	**Priority amount** $30.00 **Nonpriority amount** $0.00
2.718.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $1,620.00	**Priority amount** $1,620.00 **Nonpriority amount** $0.00
2.719.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $200.00	**Priority amount** $200.00 **Nonpriority amount** $0.00

2.720. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$335.00	$335.00
	Nonpriority amount
	$0.00

2.721. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.722. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.723. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$685.00	$685.00
	Nonpriority amount
	$0.00

2.724. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$200.00	$200.00
	Nonpriority amount
	$0.00

2.725. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.726. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.727. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.728. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$900.00	$900.00

Nonpriority amount
$0.00

2.729. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$30.00	$30.00
	Nonpriority amount
	$0.00

2.730. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.731. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$200.00	$200.00
	Nonpriority amount
	$0.00

2.732. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$200.00	$200.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.733. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$1,620.00	$1,620.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.734. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.735. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$250.00	$250.00
	Nonpriority amount
	$0.00

2.736. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.737. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$250.00	$250.00
	Nonpriority amount
	$0.00

2.738. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$900.00	$900.00
	Nonpriority amount
	$0.00

2.739. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$685.00	$685.00
	Nonpriority amount
	$0.00

2.740. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$140.00	$140.00
	Nonpriority amount
	$0.00

2.741. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.742. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$70.00	$70.00
	Nonpriority amount
	$0.00

2.743. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.744. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$359.00	$359.00
	Nonpriority amount
	$0.00

2.745. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.746. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$30.00	$30.00
	Nonpriority amount
	$0.00

2.747. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$96.43	$96.43
	Nonpriority amount
	$0.00

2.748. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$390.00	$390.00
	Nonpriority amount
	$0.00

2.749. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$814.65	$814.65
	Nonpriority amount
	$0.00

2.750. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$180.00	$180.00
	Nonpriority amount
	$0.00

2.751. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$814.65	$814.65
	Nonpriority amount
	$0.00

2.752. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$30.00	$30.00
	Nonpriority amount
	$0.00

2.753. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$200.00	$200.00
	Nonpriority amount
	$0.00

2.754. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$570.00	$570.00
	Nonpriority amount
	$0.00

2.755. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$200.00	$200.00
	Nonpriority amount
	$0.00

2.756. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$60.00	$60.00
	Nonpriority amount
	$0.00

2.757. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$712.50	$712.50
	Nonpriority amount
	$0.00

2.758. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$60.00	$60.00
	Nonpriority amount
	$0.00

2.759. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$120.58	$120.58
	Nonpriority amount
	$0.00

2.760. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$60.00	$60.00
	Nonpriority amount
	$0.00

2.761. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.762. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.763. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$814.65	$814.65
	Nonpriority amount
	$0.00

2.764. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.765. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$814.65	$814.65

Nonpriority amount
$0.00

2.766. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$25.00	$25.00

Nonpriority amount
$0.00

2.767. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$75.00	$75.00

Nonpriority amount
$0.00

2.768. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$605.00	$605.00
	Nonpriority amount
	$0.00

2.769. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$25.00	$25.00
	Nonpriority amount
	$0.00

2.770. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$10.00	$10.00
	Nonpriority amount
	$0.00

2.771. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$380.00	$380.00
	Nonpriority amount
	$0.00

2.772. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$170.00	$170.00
	Nonpriority amount
	$0.00

2.773. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$80.00	$80.00
	Nonpriority amount
	$0.00

2.774. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.775. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.776. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$60.00	$60.00

Nonpriority amount
$0.00

2.777.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $1,629.30	**Priority amount** $1,629.30 **Nonpriority amount** $0.00
2.778.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $200.00	**Priority amount** $200.00 **Nonpriority amount** $0.00
2.779.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $350.00	**Priority amount** $350.00 **Nonpriority amount** $0.00

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

2.780. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.781. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$195.00	$195.00

Nonpriority amount
$0.00

2.782. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$409.00	$409.00

Nonpriority amount
$0.00

2.783. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$25.00	$25.00
	Nonpriority amount
	$0.00

2.784. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$340.00	$340.00
	Nonpriority amount
	$0.00

2.785. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$96.43	$96.43
	Nonpriority amount
	$0.00

2.786. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$875.00	$875.00
	Nonpriority amount
	$0.00

2.787. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$350.00	$350.00
	Nonpriority amount
	$0.00

2.788. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$209.00	$209.00
	Nonpriority amount
	$0.00

2.789. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$620.00	$620.00
	Nonpriority amount
	$0.00

2.790. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$250.00	$250.00
	Nonpriority amount
	$0.00

2.791. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$335.00	$335.00
	Nonpriority amount
	$0.00

2.792. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$200.00	$200.00

Nonpriority amount
$0.00

2.793. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.794. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$160.00	$160.00

Nonpriority amount
$0.00

2.795. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$10.00	$10.00
	Nonpriority amount
	$0.00

2.796. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.797. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$140.00	$140.00
	Nonpriority amount
	$0.00

2.798. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$80.00	$80.00
	Nonpriority amount
	$0.00

2.799. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$30.00	$30.00
	Nonpriority amount
	$0.00

2.800. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

2.801. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$200.00	$200.00
	Nonpriority amount
	$0.00

2.802. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$96.43	$96.43
	Nonpriority amount
	$0.00

2.803. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$80.00	$80.00
	Nonpriority amount
	$0.00

2.804. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$70.00	$70.00
	Nonpriority amount
	$0.00

2.805. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$30.00	$30.00
	Nonpriority amount
	$0.00

2.806. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.807. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.808. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$25.00	$25.00

Nonpriority amount
$0.00

2.809. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$409.00	$409.00

Nonpriority amount
$0.00

2.810. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$96.43	$96.43
	Nonpriority amount
	$0.00

2.811. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.812. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$80.00	$80.00
	Nonpriority amount
	$0.00

2.813. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$685.00	$685.00

Nonpriority amount
$0.00

2.814. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.815. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$250.00	$250.00

Nonpriority amount
$0.00

2.816. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.817. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$175.00	$175.00

Nonpriority amount
$0.00

2.818. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.819. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$55.00	$55.00
	Nonpriority amount
	$0.00

2.820. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$80.00	$80.00
	Nonpriority amount
	$0.00

2.821. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$875.00	$875.00
	Nonpriority amount
	$0.00

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

2.822. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$200.00	$200.00
	Nonpriority amount
	$0.00

2.823. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$814.65	$814.65
	Nonpriority amount
	$0.00

2.824. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$375.00	$375.00
	Nonpriority amount
	$0.00

2.825. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$96.43	$96.43
	Nonpriority amount
	$0.00

2.826. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.827. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.828. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$495.00	$495.00

Nonpriority amount
$0.00

2.829. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$25.00	$25.00

Nonpriority amount
$0.00

2.830. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.831. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$96.43	$96.43

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.832. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$255.00	$255.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.833. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$125.00	$125.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.834. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$818.00	$818.00
	Nonpriority amount
	$0.00

2.835. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.836. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$818.00	$818.00
	Nonpriority amount
	$0.00

2.837. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$192.86	$192.86
	Nonpriority amount
	$0.00

2.838. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$80.00	$80.00
	Nonpriority amount
	$0.00

2.839. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$625.33	$625.33
	Nonpriority amount
	$0.00

2.840. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$80.00	$80.00
	Nonpriority amount
	$0.00

2.841. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.842. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$1,220.00	$1,220.00
	Nonpriority amount
	$0.00

2.843. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$315.00	$315.00
	Nonpriority amount
	$0.00

2.844. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$160.00	$160.00
	Nonpriority amount
	$0.00

2.845. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$160.00	$160.00
	Nonpriority amount
	$0.00

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

2.846. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$300.00	$300.00

Nonpriority amount
$0.00

2.847. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.848. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$200.00	$200.00

Nonpriority amount
$0.00

2.849. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$409.00	$409.00
	Nonpriority amount
	$0.00

2.850. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$79.00	$79.00
	Nonpriority amount
	$0.00

2.851. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.852. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.853. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.854. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$80.00	$80.00

Nonpriority amount
$0.00

2.855. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.856. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.857. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

2.858. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$350.00	$350.00
	Nonpriority amount
	$0.00

2.859. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.860. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$210.00	$210.00
	Nonpriority amount
	$0.00

2.861. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$715.65	$715.65

Nonpriority amount
$0.00

2.862. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.863. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$80.00	$80.00

Nonpriority amount
$0.00

2.864. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$814.65	$814.65
	Nonpriority amount
	$0.00

2.865. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$10.00	$10.00
	Nonpriority amount
	$0.00

2.866. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.867. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$200.00	$200.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.868. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$670.00	$670.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.869. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$900.00	$900.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.870. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$200.00	$200.00
	Nonpriority amount
	$0.00

2.871. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.872. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$350.00	$350.00
	Nonpriority amount
	$0.00

2.873. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$1,585.00	$1,585.00
	Nonpriority amount
	$0.00

2.874. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$340.00	$340.00
	Nonpriority amount
	$0.00

2.875. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$70.00	$70.00
	Nonpriority amount
	$0.00

2.876. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$25.00	$25.00
	Nonpriority amount
	$0.00

2.877. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$670.00	$670.00
	Nonpriority amount
	$0.00

2.878. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.879.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $100.00 **Nonpriority amount** $0.00	**Priority amount** $100.00
	Date or dates debt was incurred _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)			

2.880.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $409.00 **Nonpriority amount** $0.00	**Priority amount** $409.00
	Date or dates debt was incurred _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)			

2.881.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $500.00 **Nonpriority amount** $0.00	**Priority amount** $500.00
	Date or dates debt was incurred _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)			

2.882. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$635.00	$635.00
	Nonpriority amount
	$0.00

2.883. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$330.00	$330.00
	Nonpriority amount
	$0.00

2.884. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$200.00	$200.00
	Nonpriority amount
	$0.00

2.885.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed	**Total claim** $100.00	**Priority amount** $100.00 **Nonpriority amount** $0.00
	Date or dates debt was incurred _____	**Basis for the claim:** CANCELLED EVENTS REFUNDS		
	Last 4 digits of account number: **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**Is the claim subject to offset?** ☑ No ☐ Yes		
2.886.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed	**Total claim** $30.00	**Priority amount** $30.00 **Nonpriority amount** $0.00
	Date or dates debt was incurred _____	**Basis for the claim:** CANCELLED EVENTS REFUNDS		
	Last 4 digits of account number: **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**Is the claim subject to offset?** ☑ No ☐ Yes		
2.887.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed	**Total claim** $75.00	**Priority amount** $75.00 **Nonpriority amount** $0.00
	Date or dates debt was incurred _____	**Basis for the claim:** CANCELLED EVENTS REFUNDS		
	Last 4 digits of account number: **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**Is the claim subject to offset?** ☑ No ☐ Yes		

2.888. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$160.00	$160.00
	Nonpriority amount
	$0.00

2.889. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.890. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.891. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$200.00	$200.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.892. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$60.00	$60.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.893. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$465.00	$465.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.894. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$385.00	$385.00
	Nonpriority amount
	$0.00

2.895. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$300.00	$300.00
	Nonpriority amount
	$0.00

2.896. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$160.00	$160.00
	Nonpriority amount
	$0.00

2.897. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$200.00	$200.00

Nonpriority amount
$0.00

2.898. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$805.00	$805.00

Nonpriority amount
$0.00

2.899. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$30.00	$30.00

Nonpriority amount
$0.00

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

2.900. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$96.43	$96.43
	Nonpriority amount
	$0.00

2.901. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.902. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$814.65	$814.65
	Nonpriority amount
	$0.00

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

2.903. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.904. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$30.00	$30.00
	Nonpriority amount
	$0.00

2.905. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$10.00	$10.00
	Nonpriority amount
	$0.00

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

2.906. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$10.00	$10.00
	Nonpriority amount
	$0.00

2.907. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$250.00	$250.00
	Nonpriority amount
	$0.00

2.908. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

2.909.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Date or dates debt was incurred** _____ **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $695.00 **Nonpriority amount** $0.00	**Priority amount** $695.00
	Last 4 digits of account number: **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)			
2.910.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Date or dates debt was incurred** _____ **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $100.00 **Nonpriority amount** $0.00	**Priority amount** $100.00
	Last 4 digits of account number: **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)			
2.911.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Date or dates debt was incurred** _____ **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $400.00 **Nonpriority amount** $0.00	**Priority amount** $400.00
	Last 4 digits of account number: **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)			

2.912. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.913. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.914. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$30.00	$30.00

Nonpriority amount
$0.00

2.915. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.916. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$150.00	$150.00

Nonpriority amount
$0.00

2.917. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$200.00	$200.00

Nonpriority amount
$0.00

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

2.918. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.919. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$814.65	$814.65
	Nonpriority amount
	$0.00

2.920. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

2.921. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$200.00	$200.00
	Nonpriority amount
	$0.00

2.922. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$60.00	$60.00
	Nonpriority amount
	$0.00

2.923. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$140.00	$140.00
	Nonpriority amount
	$0.00

2.924. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.925. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$419.00	$419.00

Nonpriority amount
$0.00

2.926. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$96.43	$96.43

Nonpriority amount
$0.00

2.927.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $100.00	**Priority amount** $100.00 **Nonpriority amount** $0.00
2.928.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $10.00	**Priority amount** $10.00 **Nonpriority amount** $0.00
2.929.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $25.00	**Priority amount** $25.00 **Nonpriority amount** $0.00

2.930. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.931. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.932. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$200.00	$200.00

Nonpriority amount
$0.00

2.933. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$300.00	$300.00

Nonpriority amount
$0.00

2.934. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$409.00	$409.00

Nonpriority amount
$0.00

2.935. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$96.43	$96.43

Nonpriority amount
$0.00

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

2.936. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$280.00	$280.00

Nonpriority amount
$0.00

2.937. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$25.00	$25.00

Nonpriority amount
$0.00

2.938. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$25.00	$25.00

Nonpriority amount
$0.00

2.939. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$10.00	$10.00
	Nonpriority amount
	$0.00

2.940. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$200.00	$200.00
	Nonpriority amount
	$0.00

2.941. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

2.942. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$409.00	$409.00

Nonpriority amount
$0.00

2.943. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.944. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$814.65	$814.65

Nonpriority amount
$0.00

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

2.945.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $80.00	**Priority amount** $80.00 **Nonpriority amount** $0.00
	Date or dates debt was incurred _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)			
2.946.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $100.00	**Priority amount** $100.00 **Nonpriority amount** $0.00
	Date or dates debt was incurred _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)			
2.947.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $65.00	**Priority amount** $65.00 **Nonpriority amount** $0.00
	Date or dates debt was incurred _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)			

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

2.948. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.949. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.950. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$409.00	$409.00

Nonpriority amount
$0.00

2.951. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$250.00	$250.00
	Nonpriority amount
	$0.00

2.952. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.953. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$350.00	$350.00
	Nonpriority amount
	$0.00

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

2.954. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$2,170.00	$2,170.00

Nonpriority amount

$0.00

2.955. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$175.00	$175.00

Nonpriority amount

$0.00

2.956. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount

$0.00

2.957. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$425.00	$425.00
	Nonpriority amount
	$0.00

2.958. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.959. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$814.65	$814.65
	Nonpriority amount
	$0.00

2.960. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$96.43	$96.43
	Nonpriority amount
	$0.00

2.961. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$200.00	$200.00
	Nonpriority amount
	$0.00

2.962. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.963.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $260.00	**Priority amount** $260.00 **Nonpriority amount** $0.00
2.964.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $685.00	**Priority amount** $685.00 **Nonpriority amount** $0.00
2.965.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $200.00	**Priority amount** $200.00 **Nonpriority amount** $0.00

2.966. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$375.00	$375.00

Nonpriority amount
$0.00

2.967. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.968. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$409.00	$409.00

Nonpriority amount
$0.00

2.969.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $200.00	**Priority amount** $200.00 **Nonpriority amount** $0.00
2.970.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $380.00	**Priority amount** $380.00 **Nonpriority amount** $0.00
2.971.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $60.00	**Priority amount** $60.00 **Nonpriority amount** $0.00

2.972. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$60.00	$60.00
	Nonpriority amount
	$0.00

2.973. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$200.00	$200.00
	Nonpriority amount
	$0.00

2.974. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$150.00	$150.00
	Nonpriority amount
	$0.00

2.975. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$350.00	$350.00
	Nonpriority amount
	$0.00

2.976. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.977. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$1,620.00	$1,620.00
	Nonpriority amount
	$0.00

2.978. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.979. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$270.00	$270.00
	Nonpriority amount
	$0.00

2.980. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$814.65	$814.65
	Nonpriority amount
	$0.00

2.981.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $190.00	**Priority amount** $190.00 **Nonpriority amount** $0.00
	Date or dates debt was incurred _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)			
2.982.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $100.00	**Priority amount** $100.00 **Nonpriority amount** $0.00
	Date or dates debt was incurred _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)			
2.983.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $350.00	**Priority amount** $350.00 **Nonpriority amount** $0.00
	Date or dates debt was incurred _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)			

2.984. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$200.00	$200.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.985. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.986. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$96.43	$96.43

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.987. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$30.00	$30.00
	Nonpriority amount
	$0.00

2.988. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.989. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$1,460.00	$1,460.00
	Nonpriority amount
	$0.00

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

2.990. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.991. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$814.65	$814.65
	Nonpriority amount
	$0.00

2.992. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.993. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$200.00	$200.00

Nonpriority amount
$0.00

2.994. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$685.00	$685.00

Nonpriority amount
$0.00

2.995. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$1,777.02	$1,777.02

Nonpriority amount
$0.00

2.996. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$814.65	$814.65
	Nonpriority amount
	$0.00

2.997. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$200.00	$200.00
	Nonpriority amount
	$0.00

2.998. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$500.00	$500.00
	Nonpriority amount
	$0.00

2.999. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.1000. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$250.00	$250.00

Nonpriority amount
$0.00

2.1001. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

2.1002.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed	**Total claim** $160.00	**Priority amount** $160.00 **Nonpriority amount** $0.00
	Date or dates debt was incurred _____	**Basis for the claim:** CANCELLED EVENTS REFUNDS		
	Last 4 digits of account number: **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**Is the claim subject to offset?** ☑ No ☐ Yes		
2.1003.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed	**Total claim** $100.00	**Priority amount** $100.00 **Nonpriority amount** $0.00
	Date or dates debt was incurred _____	**Basis for the claim:** CANCELLED EVENTS REFUNDS		
	Last 4 digits of account number: **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**Is the claim subject to offset?** ☑ No ☐ Yes		
2.1004.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed	**Total claim** $1,085.00	**Priority amount** $1,085.00 **Nonpriority amount** $0.00
	Date or dates debt was incurred _____	**Basis for the claim:** CANCELLED EVENTS REFUNDS		
	Last 4 digits of account number: **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**Is the claim subject to offset?** ☑ No ☐ Yes		

2.1005. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$120.00	$120.00

Nonpriority amount
$0.00

2.1006. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$200.00	$200.00

Nonpriority amount
$0.00

2.1007. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$200.00	$200.00

Nonpriority amount
$0.00

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

2.1008.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $300.00	**Priority amount** $300.00 **Nonpriority amount** $0.00
2.1009.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $60.00	**Priority amount** $60.00 **Nonpriority amount** $0.00
2.1010.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $10.00	**Priority amount** $10.00 **Nonpriority amount** $0.00

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

2.1011. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$350.00	$350.00

Nonpriority amount
$0.00

2.1012. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$250.00	$250.00

Nonpriority amount
$0.00

2.1013. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$435.00	$435.00

Nonpriority amount
$0.00

2.1014. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$80.00	$80.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.1015. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.1016. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.1017. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$60.00	$60.00
	Nonpriority amount
	$0.00

2.1018. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$864.65	$864.65
	Nonpriority amount
	$0.00

2.1019. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$60.00	$60.00
	Nonpriority amount
	$0.00

2.1020. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$200.00	$200.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.1021. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$10.00	$10.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.1022. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$400.00	$400.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.1023. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.1024. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$75.00	$75.00

Nonpriority amount
$0.00

2.1025. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$30.00	$30.00

Nonpriority amount
$0.00

2.1026. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$200.00	$200.00

Nonpriority amount
$0.00

2.1027. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$30.00	$30.00

Nonpriority amount
$0.00

2.1028. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$96.43	$96.43

Nonpriority amount
$0.00

2.1029. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.1030. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.1031. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.1032. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.1033. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$200.00	$200.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.1034. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.1035. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$300.00	$300.00

Nonpriority amount
$0.00

2.1036. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$235.00	$235.00

Nonpriority amount
$0.00

2.1037. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$818.00	$818.00

Nonpriority amount
$0.00

2.1038. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.1039. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.1040. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$521.43	$521.43

Nonpriority amount
$0.00

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

2.1041.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $814.65	**Priority amount** $814.65 **Nonpriority amount** $0.00
2.1042.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $162.50	**Priority amount** $162.50 **Nonpriority amount** $0.00
2.1043.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $75.00	**Priority amount** $75.00 **Nonpriority amount** $0.00

2.1044. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$200.00	$200.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.1045. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$60.00	$60.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.1046. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$30.00	$30.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.1047. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$190.00	$190.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.1048. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.1049. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.1050. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$419.00	$419.00

Nonpriority amount
$0.00

2.1051. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$200.00	$200.00

Nonpriority amount
$0.00

2.1052. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$30.00	$30.00

Nonpriority amount
$0.00

2.1053. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$814.65	$814.65
	Nonpriority amount
	$0.00

2.1054. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.1055. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.1056. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$535.00	$535.00

Nonpriority amount
$0.00

2.1057. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$200.00	$200.00

Nonpriority amount
$0.00

2.1058. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$200.00	$200.00

Nonpriority amount
$0.00

2.1059. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.1060. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$400.00	$400.00

Nonpriority amount
$0.00

2.1061. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$160.00	$160.00

Nonpriority amount
$0.00

2.1062. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.1063. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$409.00	$409.00

Nonpriority amount
$0.00

2.1064. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.1065. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$200.00	$200.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.1066. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$25.00	$25.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.1067. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$200.00	$200.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.1068. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$200.00	$200.00

Nonpriority amount
$0.00

2.1069. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.1070. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$30.00	$30.00

Nonpriority amount
$0.00

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

2.1071. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$25.00	$25.00
	Nonpriority amount
	$0.00

2.1072. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$190.00	$190.00
	Nonpriority amount
	$0.00

2.1073. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$200.00	$200.00
	Nonpriority amount
	$0.00

2.1074. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$900.00	$900.00

Nonpriority amount
$0.00

2.1075. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.1076. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$1,455.00	$1,455.00

Nonpriority amount
$0.00

2.1077. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$814.65	$814.65
	Nonpriority amount
	$0.00

2.1078. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$875.00	$875.00
	Nonpriority amount
	$0.00

2.1079. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$200.00	$200.00
	Nonpriority amount
	$0.00

2.1080.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $875.00	**Priority amount** $875.00 **Nonpriority amount** $0.00
2.1081.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $96.43	**Priority amount** $96.43 **Nonpriority amount** $0.00
2.1082.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $96.43	**Priority amount** $96.43 **Nonpriority amount** $0.00

2.1083.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $100.00	**Priority amount** $100.00 **Nonpriority amount** $0.00
	Date or dates debt was incurred _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)			
2.1084.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $100.00	**Priority amount** $100.00 **Nonpriority amount** $0.00
	Date or dates debt was incurred _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)			
2.1085.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $335.00	**Priority amount** $335.00 **Nonpriority amount** $0.00
	Date or dates debt was incurred _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)			

2.1086. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$96.43	$96.43
	Nonpriority amount
	$0.00

2.1087. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.1088. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$75.00	$75.00
	Nonpriority amount
	$0.00

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

2.1089. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$40.00	$40.00

Nonpriority amount
$0.00

2.1090. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$700.00	$700.00

Nonpriority amount
$0.00

2.1091. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.1092.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $100.00	**Priority amount** $100.00 **Nonpriority amount** $0.00
	Date or dates debt was incurred _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)			
2.1093.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $25.00	**Priority amount** $25.00 **Nonpriority amount** $0.00
	Date or dates debt was incurred _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)			
2.1094.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $140.00	**Priority amount** $140.00 **Nonpriority amount** $0.00
	Date or dates debt was incurred _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)			

2.1095. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$60.00	$60.00
	Nonpriority amount
	$0.00

2.1096. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$350.00	$350.00
	Nonpriority amount
	$0.00

2.1097. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$670.00	$670.00
	Nonpriority amount
	$0.00

2.1098.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $100.00	**Priority amount** $100.00 **Nonpriority amount** $0.00
2.1099.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $100.00	**Priority amount** $100.00 **Nonpriority amount** $0.00
2.1100.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $75.00	**Priority amount** $75.00 **Nonpriority amount** $0.00

2.1101. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.1102. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$200.00	$200.00
	Nonpriority amount
	$0.00

2.1103. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.1104. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$200.00	$200.00
	Nonpriority amount
	$0.00

2.1105. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$331.75	$331.75
	Nonpriority amount
	$0.00

2.1106. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$1,595.00	$1,595.00
	Nonpriority amount
	$0.00

2.1107. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$615.00	$615.00
	Nonpriority amount
	$0.00

2.1108. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$30.00	$30.00
	Nonpriority amount
	$0.00

2.1109. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$814.65	$814.65
	Nonpriority amount
	$0.00

2.1110. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.1111. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.1112. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$25.00	$25.00

Nonpriority amount
$0.00

2.1113. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.1114. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$200.00	$200.00

Nonpriority amount
$0.00

2.1115. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$200.00	$200.00

Nonpriority amount
$0.00

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

2.1116. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$80.00	$80.00
	Nonpriority amount
	$0.00

2.1117. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.1118. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$615.00	$615.00
	Nonpriority amount
	$0.00

2.1119. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$170.00	$170.00

Nonpriority amount
$0.00

2.1120. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$60.00	$60.00

Nonpriority amount
$0.00

2.1121. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$170.00	$170.00

Nonpriority amount
$0.00

2.1122. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$96.43	$96.43
	Nonpriority amount
	$0.00

2.1123. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$35.00	$35.00
	Nonpriority amount
	$0.00

2.1124. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$710.00	$710.00
	Nonpriority amount
	$0.00

2.1125. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.1126. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.1127. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$180.00	$180.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.1128. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.1129. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$200.00	$200.00

Nonpriority amount
$0.00

2.1130. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$200.00	$200.00

Nonpriority amount
$0.00

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

2.1131. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.1132. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$200.00	$200.00

Nonpriority amount
$0.00

2.1133. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$814.65	$814.65

Nonpriority amount
$0.00

2.1134. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.1135. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$409.00	$409.00

Nonpriority amount
$0.00

2.1136. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.1137. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$25.00	$25.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.1138. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$425.00	$425.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.1139. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$785.00	$785.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

2.1140. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$200.00	$200.00

Nonpriority amount
$0.00

2.1141. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.1142. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$350.00	$350.00

Nonpriority amount
$0.00

2.1143. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$540.00	$540.00

Nonpriority amount
$0.00

2.1144. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$409.00	$409.00

Nonpriority amount
$0.00

2.1145. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$450.00	$450.00

Nonpriority amount
$0.00

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

2.1146. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$65.00	$65.00
	Nonpriority amount
	$0.00

2.1147. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$25.00	$25.00
	Nonpriority amount
	$0.00

2.1148. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$190.00	$190.00
	Nonpriority amount
	$0.00

2.1149. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$864.65	$864.65

Nonpriority amount
$0.00

2.1150. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$320.00	$320.00

Nonpriority amount
$0.00

2.1151. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$70.00	$70.00

Nonpriority amount
$0.00

2.1152. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$10.00	$10.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.1153. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.1154. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$75.00	$75.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.1155. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$30.00	$30.00

Nonpriority amount
$0.00

2.1156. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.1157. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$409.00	$409.00

Nonpriority amount
$0.00

2.1158.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $96.43	**Priority amount** $96.43 **Nonpriority amount** $0.00
2.1159.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $685.00	**Priority amount** $685.00 **Nonpriority amount** $0.00
2.1160.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $350.00	**Priority amount** $350.00 **Nonpriority amount** $0.00

2.1161. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$80.00	$80.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.1162. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$90.00	$90.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.1163. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$280.00	$280.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.1164. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$280.00	$280.00
	Nonpriority amount
	$0.00

2.1165. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$140.00	$140.00
	Nonpriority amount
	$0.00

2.1166. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$838.00	$838.00
	Nonpriority amount
	$0.00

2.1167.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $80.00	**Priority amount** $80.00 **Nonpriority amount** $0.00
	Date or dates debt was incurred _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)			
2.1168.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $100.00	**Priority amount** $100.00 **Nonpriority amount** $0.00
	Date or dates debt was incurred _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)			
2.1169.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $25.00	**Priority amount** $25.00 **Nonpriority amount** $0.00
	Date or dates debt was incurred _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)			

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

2.1170. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$60.00	$60.00
	Nonpriority amount
	$0.00

2.1171. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$96.43	$96.43
	Nonpriority amount
	$0.00

2.1172. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$235.00	$235.00
	Nonpriority amount
	$0.00

2.1173. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.1174. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$250.00	$250.00

Nonpriority amount
$0.00

2.1175. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$30.00	$30.00

Nonpriority amount
$0.00

2.1176. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$30.00	$30.00

Nonpriority amount
$0.00

2.1177. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$10.00	$10.00

Nonpriority amount
$0.00

2.1178. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.1179. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$900.00	$900.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.1180. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$140.00	$140.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.1181. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$300.00	$300.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.1182.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $100.00	**Priority amount** $100.00 **Nonpriority amount** $0.00
2.1183.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $100.00	**Priority amount** $100.00 **Nonpriority amount** $0.00
2.1184.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $200.00	**Priority amount** $200.00 **Nonpriority amount** $0.00

2.1185.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $200.00	**Priority amount** $200.00 **Nonpriority amount** $0.00
	Date or dates debt was incurred _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)			
2.1186.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $100.00	**Priority amount** $100.00 **Nonpriority amount** $0.00
	Date or dates debt was incurred _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)			
2.1187.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $100.00	**Priority amount** $100.00 **Nonpriority amount** $0.00
	Date or dates debt was incurred _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)			

2.1188. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$50.00	$50.00
	Nonpriority amount
	$0.00

2.1189. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$10.00	$10.00
	Nonpriority amount
	$0.00

2.1190. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$60.00	$60.00
	Nonpriority amount
	$0.00

2.1191. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$231.25	$231.25
	Nonpriority amount
	$0.00

2.1192. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.1193. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.1194. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$1,079.00	$1,079.00
	Nonpriority amount
	$0.00

2.1195. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$300.00	$300.00
	Nonpriority amount
	$0.00

2.1196. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.1197. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.1198. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$200.00	$200.00

Nonpriority amount
$0.00

2.1199. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$40.00	$40.00

Nonpriority amount
$0.00

2.1200. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.1201. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.1202. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$96.43	$96.43

Nonpriority amount
$0.00

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

2.1203. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.1204. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$325.00	$325.00

Nonpriority amount
$0.00

2.1205. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.1206. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.1207. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$875.00	$875.00

Nonpriority amount
$0.00

2.1208. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$200.00	$200.00

Nonpriority amount
$0.00

2.1209. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$30.00	$30.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.1210. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$10.00	$10.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.1211. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$814.65	$814.65

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.1212. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$250.00	$250.00

Nonpriority amount
$0.00

2.1213. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$35.00	$35.00

Nonpriority amount
$0.00

2.1214. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$200.00	$200.00

Nonpriority amount
$0.00

2.1215. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$700.00	$700.00
	Nonpriority amount
	$0.00

2.1216. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$30.00	$30.00
	Nonpriority amount
	$0.00

2.1217. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$160.00	$160.00
	Nonpriority amount
	$0.00

2.1218. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$200.00	$200.00

Nonpriority amount
$0.00

2.1219. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$220.00	$220.00

Nonpriority amount
$0.00

2.1220. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$230.00	$230.00

Nonpriority amount
$0.00

2.1221. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$535.00	$535.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.1222. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$200.00	$200.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.1223. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$25.00	$25.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.1224. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$200.00	$200.00

Nonpriority amount
$0.00

2.1225. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$210.00	$210.00

Nonpriority amount
$0.00

2.1226. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$65.00	$65.00

Nonpriority amount
$0.00

2.1227. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$25.00	$25.00

Nonpriority amount
$0.00

2.1228. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.1229. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$814.65	$814.65

Nonpriority amount
$0.00

2.1230. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.1231. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$610.00	$610.00

Nonpriority amount
$0.00

2.1232. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$80.00	$80.00

Nonpriority amount
$0.00

2.1233. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$705.00	$705.00

Nonpriority amount
$0.00

2.1234. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$485.00	$485.00

Nonpriority amount
$0.00

2.1235. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.1236. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$465.00	$465.00
	Nonpriority amount
	$0.00

2.1237. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$160.00	$160.00
	Nonpriority amount
	$0.00

2.1238. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$180.00	$180.00
	Nonpriority amount
	$0.00

2.1239. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$250.00	$250.00

Nonpriority amount
$0.00

2.1240. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$670.00	$670.00

Nonpriority amount
$0.00

2.1241. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.1242. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$130.00	$130.00
	Nonpriority amount
	$0.00

2.1243. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$685.00	$685.00
	Nonpriority amount
	$0.00

2.1244. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.1245. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.1246. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$200.00	$200.00
	Nonpriority amount
	$0.00

2.1247. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.1248. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$200.00	$200.00

Nonpriority amount
$0.00

2.1249. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.1250. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$300.00	$300.00

Nonpriority amount
$0.00

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

2.1251. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$200.00	$200.00

Nonpriority amount
$0.00

2.1252. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$85.00	$85.00

Nonpriority amount
$0.00

2.1253. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$75.00	$75.00

Nonpriority amount
$0.00

2.1254. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$65.00	$65.00

Nonpriority amount
$0.00

2.1255. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$40.00	$40.00

Nonpriority amount
$0.00

2.1256. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.1257. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.1258. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$814.65	$814.65
	Nonpriority amount
	$0.00

2.1259. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$200.00	$200.00
	Nonpriority amount
	$0.00

2.1260. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$10.00	$10.00
	Nonpriority amount
	$0.00

2.1261. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$250.00	$250.00
	Nonpriority amount
	$0.00

2.1262. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$200.00	$200.00
	Nonpriority amount
	$0.00

2.1263. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.1264. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.1265. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$75.00	$75.00

Nonpriority amount
$0.00

2.1266.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $100.00	**Priority amount** $100.00 **Nonpriority amount** $0.00
	Date or dates debt was incurred _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)			
2.1267.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $100.00	**Priority amount** $100.00 **Nonpriority amount** $0.00
	Date or dates debt was incurred _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)			
2.1268.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $200.00	**Priority amount** $200.00 **Nonpriority amount** $0.00
	Date or dates debt was incurred _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)			

2.1269. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$80.00	$80.00
	Nonpriority amount
	$0.00

2.1270. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$312.67	$312.67
	Nonpriority amount
	$0.00

2.1271. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.1272. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$670.00	$670.00
	Nonpriority amount
	$0.00

2.1273. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.1274. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$409.00	$409.00
	Nonpriority amount
	$0.00

2.1275. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.1276. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$419.00	$419.00

Nonpriority amount
$0.00

2.1277. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$200.00	$200.00

Nonpriority amount
$0.00

2.1278. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$96.43	$96.43
	Nonpriority amount
	$0.00

2.1279. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$200.00	$200.00
	Nonpriority amount
	$0.00

2.1280. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$200.00	$200.00
	Nonpriority amount
	$0.00

2.1281. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$30.00	$30.00

Nonpriority amount
$0.00

2.1282. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$10.00	$10.00

Nonpriority amount
$0.00

2.1283. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$40.00	$40.00

Nonpriority amount
$0.00

2.1284. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$1,520.00	$1,520.00
	Nonpriority amount
	$0.00

2.1285. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.1286. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$220.00	$220.00
	Nonpriority amount
	$0.00

2.1287. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$60.00	$60.00
	Nonpriority amount
	$0.00

2.1288. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$65.00	$65.00
	Nonpriority amount
	$0.00

2.1289. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$96.43	$96.43
	Nonpriority amount
	$0.00

2.1290. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$50.00	$50.00
	Nonpriority amount
	$0.00

2.1291. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.1292. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$10.00	$10.00
	Nonpriority amount
	$0.00

2.1293. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$80.00	$80.00
	Nonpriority amount
	$0.00

2.1294. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$1,820.00	$1,820.00
	Nonpriority amount
	$0.00

2.1295. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.1296.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $60.00	**Priority amount** $60.00 **Nonpriority amount** $0.00
2.1297.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $100.00	**Priority amount** $100.00 **Nonpriority amount** $0.00
2.1298.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $100.00	**Priority amount** $100.00 **Nonpriority amount** $0.00

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

2.1299. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$10.00	$10.00

Nonpriority amount
$0.00

2.1300. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.1301. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$200.00	$200.00

Nonpriority amount
$0.00

2.1302. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$55.58	$55.58

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.1303. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.1304. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.1305. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$305.00	$305.00

Nonpriority amount
$0.00

2.1306. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$350.00	$350.00

Nonpriority amount
$0.00

2.1307. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.1308. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$25.00	$25.00
	Nonpriority amount
	$0.00

2.1309. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.1310. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.1311. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$180.00	$180.00
	Nonpriority amount
	$0.00

2.1312. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$419.00	$419.00
	Nonpriority amount
	$0.00

2.1313. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$925.00	$925.00
	Nonpriority amount
	$0.00

2.1314. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$25.00	$25.00

Nonpriority amount
$0.00

2.1315. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.1316. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$200.00	$200.00

Nonpriority amount
$0.00

2.1317. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$200.00	$200.00
	Nonpriority amount
	$0.00

2.1318. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.1319. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$250.00	$250.00
	Nonpriority amount
	$0.00

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

2.1320.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $100.00	**Priority amount** $100.00 **Nonpriority amount** $0.00
2.1321.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $75.00	**Priority amount** $75.00 **Nonpriority amount** $0.00
2.1322.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $814.65	**Priority amount** $814.65 **Nonpriority amount** $0.00

2.1323.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $90.00	**Priority amount** $90.00 **Nonpriority amount** $0.00
2.1324.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $25.00	**Priority amount** $25.00 **Nonpriority amount** $0.00
2.1325.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $100.00	**Priority amount** $100.00 **Nonpriority amount** $0.00

2.1326. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$200.00	$200.00

Nonpriority amount
$0.00

2.1327. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$140.00	$140.00

Nonpriority amount
$0.00

2.1328. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.1329. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$1,620.00	$1,620.00
	Nonpriority amount
	$0.00

2.1330. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$60.00	$60.00
	Nonpriority amount
	$0.00

2.1331. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.1332. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$280.00	$280.00
	Nonpriority amount
	$0.00

2.1333. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$10.00	$10.00
	Nonpriority amount
	$0.00

2.1334. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.1335.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $1,820.00	**Priority amount** $1,820.00 **Nonpriority amount** $0.00
	Date or dates debt was incurred _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)			
2.1336.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $300.00	**Priority amount** $300.00 **Nonpriority amount** $0.00
	Date or dates debt was incurred _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)			
2.1337.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $409.00	**Priority amount** $409.00 **Nonpriority amount** $0.00
	Date or dates debt was incurred _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)			

2.1338. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$814.65	$814.65

Nonpriority amount
$0.00

2.1339. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.1340. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$96.43	$96.43

Nonpriority amount
$0.00

2.1341. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.1342. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.1343. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$409.00	$409.00

Nonpriority amount
$0.00

2.1344. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$85.00	$85.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.1345. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$1,227.00	$1,227.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.1346. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$75.00	$75.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.1347. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$875.00	$875.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.1348. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$685.00	$685.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.1349. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$335.00	$335.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.1350. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$419.00	$419.00
	Nonpriority amount
	$0.00

2.1351. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.1352. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$200.00	$200.00
	Nonpriority amount
	$0.00

2.1353. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$425.00	$425.00

Nonpriority amount
$0.00

2.1354. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$419.00	$419.00

Nonpriority amount
$0.00

2.1355. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$670.00	$670.00

Nonpriority amount
$0.00

2.1356.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $200.00	**Priority amount** $200.00 **Nonpriority amount** $0.00
2.1357.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $200.00	**Priority amount** $200.00 **Nonpriority amount** $0.00
2.1358.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $200.00	**Priority amount** $200.00 **Nonpriority amount** $0.00

2.1359. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$200.00	$200.00

Nonpriority amount
$0.00

2.1360. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$875.00	$875.00

Nonpriority amount
$0.00

2.1361. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$190.00	$190.00

Nonpriority amount
$0.00

2.1362. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$200.00	$200.00
	Nonpriority amount
	$0.00

2.1363. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.1364. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.1365. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$30.00	$30.00

Nonpriority amount
$0.00

2.1366. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$490.00	$490.00

Nonpriority amount
$0.00

2.1367. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$450.00	$450.00

Nonpriority amount
$0.00

2.1368. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$0.00	$0.00

Nonpriority amount
$0.00

2.1369. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.1370. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.1371.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $100.00	**Priority amount** $100.00 **Nonpriority amount** $0.00
2.1372.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $150.00	**Priority amount** $150.00 **Nonpriority amount** $0.00
2.1373.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $25.00	**Priority amount** $25.00 **Nonpriority amount** $0.00

2.1374. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.1375. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$30.00	$30.00

Nonpriority amount
$0.00

2.1376. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$50.00	$50.00

Nonpriority amount
$0.00

2.1377.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $200.00	**Priority amount** $200.00 **Nonpriority amount** $0.00
2.1378.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $200.00	**Priority amount** $200.00 **Nonpriority amount** $0.00
2.1379.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $200.00	**Priority amount** $200.00 **Nonpriority amount** $0.00

2.1380.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $200.00	**Priority amount** $200.00 **Nonpriority amount** $0.00
2.1381.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $100.00	**Priority amount** $100.00 **Nonpriority amount** $0.00
2.1382.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $200.00	**Priority amount** $200.00 **Nonpriority amount** $0.00

2.1383.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $100.00	**Priority amount** $100.00 **Nonpriority amount** $0.00
2.1384.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $80.00	**Priority amount** $80.00 **Nonpriority amount** $0.00
2.1385.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $80.00	**Priority amount** $80.00 **Nonpriority amount** $0.00

2.1386. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$255.00	$255.00

Nonpriority amount
$0.00

2.1387. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$200.00	$200.00

Nonpriority amount
$0.00

2.1388. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$875.00	$875.00

Nonpriority amount
$0.00

2.1389. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$315.00	$315.00

Nonpriority amount
$0.00

2.1390. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$900.00	$900.00

Nonpriority amount
$0.00

2.1391. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$650.00	$650.00

Nonpriority amount
$0.00

2.1392.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $100.00	**Priority amount** $100.00 **Nonpriority amount** $0.00
2.1393.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $200.00	**Priority amount** $200.00 **Nonpriority amount** $0.00
2.1394.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $200.00	**Priority amount** $200.00 **Nonpriority amount** $0.00

2.1395. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$96.43	$96.43

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.1396. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$25.00	$25.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.1397. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$670.00	$670.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.1398. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$1,620.00	$1,620.00
	Nonpriority amount
	$0.00

2.1399. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$814.65	$814.65
	Nonpriority amount
	$0.00

2.1400. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$150.00	$150.00
	Nonpriority amount
	$0.00

2.1401. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$409.00	$409.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.1402. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.1403. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$200.00	$200.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.1404. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.1405. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.1406. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$1,370.00	$1,370.00

Nonpriority amount
$0.00

2.1407. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$25.00	$25.00
	Nonpriority amount
	$0.00

2.1408. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$25.00	$25.00
	Nonpriority amount
	$0.00

2.1409. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$75.00	$75.00
	Nonpriority amount
	$0.00

2.1410. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$200.00	$200.00

Nonpriority amount
$0.00

2.1411. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$10.00	$10.00

Nonpriority amount
$0.00

2.1412. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$60.00	$60.00

Nonpriority amount
$0.00

2.1413. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$70.00	$70.00
	Nonpriority amount
	$0.00

2.1414. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$75.00	$75.00
	Nonpriority amount
	$0.00

2.1415. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.1416. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.1417. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$150.00	$150.00

Nonpriority amount
$0.00

2.1418. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$30.00	$30.00

Nonpriority amount
$0.00

2.1419. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.1420. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$75.00	$75.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.1421. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$200.00	$200.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.1422. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$140.00	$140.00
	Nonpriority amount
	$0.00

2.1423. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$685.00	$685.00
	Nonpriority amount
	$0.00

2.1424. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$96.43	$96.43
	Nonpriority amount
	$0.00

2.1425. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$250.00	$250.00

Nonpriority amount
$0.00

2.1426. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$250.00	$250.00

Nonpriority amount
$0.00

2.1427. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$75.00	$75.00

Nonpriority amount
$0.00

2.1428. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$900.00	$900.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.1429. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$735.00	$735.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.1430. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$30.00	$30.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.1431.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $200.00	**Priority amount** $200.00 **Nonpriority amount** $0.00
2.1432.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $200.00	**Priority amount** $200.00 **Nonpriority amount** $0.00
2.1433.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $390.00	**Priority amount** $390.00 **Nonpriority amount** $0.00

2.1434. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$200.00	$200.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.1435. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$875.00	$875.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.1436. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.1437. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$60.00	$60.00
	Nonpriority amount
	$0.00

2.1438. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.1439. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.1440. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$30.00	$30.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.1441. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$120.00	$120.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.1442. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.1443. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.1444. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.1445. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$200.00	$200.00

Nonpriority amount
$0.00

2.1446.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $201.25	**Priority amount** $201.25 **Nonpriority amount** $0.00
2.1447.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $100.00	**Priority amount** $100.00 **Nonpriority amount** $0.00
2.1448.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $175.00	**Priority amount** $175.00 **Nonpriority amount** $0.00

2.1449. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$161.43	$161.43
	Nonpriority amount
	$0.00

2.1450. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$875.00	$875.00
	Nonpriority amount
	$0.00

2.1451. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$450.00	$450.00
	Nonpriority amount
	$0.00

2.1452. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$96.43	$96.43
	Nonpriority amount
	$0.00

2.1453. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$305.00	$305.00
	Nonpriority amount
	$0.00

2.1454. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.1455.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $300.00	**Priority amount** $300.00 **Nonpriority amount** $0.00
2.1456.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $200.00	**Priority amount** $200.00 **Nonpriority amount** $0.00
2.1457.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $100.00	**Priority amount** $100.00 **Nonpriority amount** $0.00

2.1458. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$814.65	$814.65
	Nonpriority amount
	$0.00

2.1459. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$900.00	$900.00
	Nonpriority amount
	$0.00

2.1460. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$1,439.00	$1,439.00
	Nonpriority amount
	$0.00

2.1461. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.1462. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$140.00	$140.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.1463. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

2.1464. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$1,020.00	$1,020.00

Nonpriority amount
$0.00

2.1465. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$200.00	$200.00

Nonpriority amount
$0.00

2.1466. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$250.00	$250.00

Nonpriority amount
$0.00

2.1467. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$250.00	$250.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.1468. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$65.00	$65.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.1469. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$65.00	$65.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.1470.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $70.00	**Priority amount** $70.00 **Nonpriority amount** $0.00
2.1471.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $200.00	**Priority amount** $200.00 **Nonpriority amount** $0.00
2.1472.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $65.00	**Priority amount** $65.00 **Nonpriority amount** $0.00

2.1473.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $100.00	**Priority amount** $100.00 **Nonpriority amount** $0.00
2.1474.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $601.43	**Priority amount** $601.43 **Nonpriority amount** $0.00
2.1475.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $30.00	**Priority amount** $30.00 **Nonpriority amount** $0.00

2.1476. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$10.00	$10.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

2.1477. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$30.00	$30.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

2.1478. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$200.00	$200.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

2.1479.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $100.00	**Priority amount** $100.00 **Nonpriority amount** $0.00
2.1480.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $200.00	**Priority amount** $200.00 **Nonpriority amount** $0.00
2.1481.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $100.00	**Priority amount** $100.00 **Nonpriority amount** $0.00

2.1482. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.1483. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$1,651.43	$1,651.43

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.1484. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$425.00	$425.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.1485.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $100.00	**Priority amount** $100.00 **Nonpriority amount** $0.00
2.1486.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $100.00	**Priority amount** $100.00 **Nonpriority amount** $0.00
2.1487.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $200.00	**Priority amount** $200.00 **Nonpriority amount** $0.00

2.1488. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$240.00	$240.00
	Nonpriority amount
	$0.00

2.1489. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$75.00	$75.00
	Nonpriority amount
	$0.00

2.1490. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$70.00	$70.00
	Nonpriority amount
	$0.00

2.1491. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$814.65	$814.65

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.1492. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$350.00	$350.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.1493. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$110.00	$110.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.1494. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$80.00	$80.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.1495. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.1496. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$75.00	$75.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.1497. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.1498. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$235.00	$235.00
	Nonpriority amount
	$0.00

2.1499. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.1500. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$300.00	$300.00

Nonpriority amount
$0.00

2.1501. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$320.00	$320.00

Nonpriority amount
$0.00

2.1502. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$409.00	$409.00

Nonpriority amount
$0.00

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

2.1503. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.1504. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.1505. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

2.1506. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$60.00	$60.00
	Nonpriority amount
	$0.00

2.1507. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.1508. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

2.1509. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$900.00	$900.00

Nonpriority amount
$0.00

2.1510. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.1511. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.1512. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$135.00	$135.00

Nonpriority amount
$0.00

2.1513. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$409.00	$409.00

Nonpriority amount
$0.00

2.1514. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$290.00	$290.00

Nonpriority amount
$0.00

2.1515. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$10.00	$10.00

Nonpriority amount
$0.00

2.1516. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$90.00	$90.00

Nonpriority amount
$0.00

2.1517. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$80.00	$80.00

Nonpriority amount
$0.00

2.1518. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$490.00	$490.00
	Nonpriority amount
	$0.00

2.1519. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$125.00	$125.00
	Nonpriority amount
	$0.00

2.1520. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$300.00	$300.00
	Nonpriority amount
	$0.00

2.1521. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$130.00	$130.00
	Nonpriority amount
	$0.00

2.1522. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$670.00	$670.00
	Nonpriority amount
	$0.00

2.1523. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$110.00	$110.00
	Nonpriority amount
	$0.00

2.1524. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$685.00	$685.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.1525. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.1526. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$300.00	$300.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.1527. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.1528. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$10.00	$10.00
	Nonpriority amount
	$0.00

2.1529. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$875.00	$875.00
	Nonpriority amount
	$0.00

2.1530. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.1531. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.1532. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$96.43	$96.43

Nonpriority amount
$0.00

2.1533. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.1534. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$175.00	$175.00

Nonpriority amount
$0.00

2.1535. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$260.00	$260.00

Nonpriority amount
$0.00

2.1536. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$200.00	$200.00

Nonpriority amount
$0.00

2.1537. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$1,890.00	$1,890.00

Nonpriority amount
$0.00

2.1538. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$30.00	$30.00

Nonpriority amount
$0.00

2.1539. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$10.00	$10.00

Nonpriority amount
$0.00

2.1540. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$10.00	$10.00

Nonpriority amount
$0.00

2.1541. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.1542. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$200.00	$200.00

Nonpriority amount
$0.00

2.1543. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$30.00	$30.00

Nonpriority amount
$0.00

2.1544. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$190.00	$190.00

Nonpriority amount
$0.00

2.1545. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$960.00	$960.00
	Nonpriority amount
	$0.00

2.1546. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$150.00	$150.00
	Nonpriority amount
	$0.00

2.1547. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$450.00	$450.00
	Nonpriority amount
	$0.00

2.1548.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $100.00	**Priority amount** $100.00 **Nonpriority amount** $0.00
2.1549.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $200.00	**Priority amount** $200.00 **Nonpriority amount** $0.00
2.1550.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $700.00	**Priority amount** $700.00 **Nonpriority amount** $0.00

2.1551. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$350.00	$350.00

Nonpriority amount
$0.00

2.1552. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.1553. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$60.00	$60.00

Nonpriority amount
$0.00

2.1554. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$80.00	$80.00
	Nonpriority amount
	$0.00

2.1555. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$96.43	$96.43
	Nonpriority amount
	$0.00

2.1556. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$1,620.00	$1,620.00
	Nonpriority amount
	$0.00

2.1557. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.1558. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.1559. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$45.00	$45.00

Nonpriority amount
$0.00

2.1560. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$80.00	$80.00

Nonpriority amount
$0.00

2.1561. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.1562. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$200.00	$200.00

Nonpriority amount
$0.00

2.1563. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$25.00	$25.00

Nonpriority amount
$0.00

2.1564. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.1565. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$10.00	$10.00

Nonpriority amount
$0.00

2.1566. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$30.00	$30.00
	Nonpriority amount
	$0.00

2.1567. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.1568. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$200.00	$200.00
	Nonpriority amount
	$0.00

2.1569. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$34.00	$34.00
	Nonpriority amount
	$0.00

2.1570. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$409.00	$409.00
	Nonpriority amount
	$0.00

2.1571. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$300.00	$300.00
	Nonpriority amount
	$0.00

2.1572. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$485.00	$485.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.1573. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$918.00	$918.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.1574. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$409.00	$409.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.1575. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.1576. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$450.00	$450.00

Nonpriority amount
$0.00

2.1577. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.1578. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.1579. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$350.00	$350.00
	Nonpriority amount
	$0.00

2.1580. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$25.00	$25.00
	Nonpriority amount
	$0.00

2.1581. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.1582. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$75.00	$75.00
	Nonpriority amount
	$0.00

2.1583. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$250.00	$250.00
	Nonpriority amount
	$0.00

2.1584. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.1585. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.1586. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.1587. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$685.00	$685.00
	Nonpriority amount
	$0.00

2.1588. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$818.00	$818.00
	Nonpriority amount
	$0.00

2.1589. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.1590. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$115.00	$115.00

Nonpriority amount
$0.00

2.1591. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.1592. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$96.43	$96.43

Nonpriority amount
$0.00

2.1593. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.1594. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$200.00	$200.00
	Nonpriority amount
	$0.00

2.1595. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$200.00	$200.00
	Nonpriority amount
	$0.00

2.1596. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.1597. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.1598. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$814.65	$814.65

Nonpriority amount
$0.00

2.1599. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$419.00	$419.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.1600. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.1601. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$400.00	$400.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.1602. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.1603. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.1604. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.1605. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$695.00	$695.00

Nonpriority amount
$0.00

2.1606. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$30.00	$30.00

Nonpriority amount
$0.00

2.1607. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$80.00	$80.00

Nonpriority amount
$0.00

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

2.1608.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $200.00 **Nonpriority amount** $0.00	**Priority amount** $200.00
	Date or dates debt was incurred _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)			
2.1609.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $100.00 **Nonpriority amount** $0.00	**Priority amount** $100.00
	Date or dates debt was incurred _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)			
2.1610.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $569.00 **Nonpriority amount** $0.00	**Priority amount** $569.00
	Date or dates debt was incurred _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)			

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

2.1611. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$30.00	$30.00
	Nonpriority amount
	$0.00

2.1612. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$575.00	$575.00
	Nonpriority amount
	$0.00

2.1613. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.1614. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.1615. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$409.00	$409.00
	Nonpriority amount
	$0.00

2.1616. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.1617. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.1618. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$182.00	$182.00

Nonpriority amount
$0.00

2.1619. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$409.00	$409.00

Nonpriority amount
$0.00

2.1620. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$875.00	$875.00

Nonpriority amount
$0.00

2.1621. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$875.00	$875.00

Nonpriority amount
$0.00

2.1622. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$60.00	$60.00

Nonpriority amount
$0.00

2.1623. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$40.00	$40.00
	Nonpriority amount
	$0.00

2.1624. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$200.00	$200.00
	Nonpriority amount
	$0.00

2.1625. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$300.00	$300.00
	Nonpriority amount
	$0.00

2.1626. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.1627. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$190.00	$190.00
	Nonpriority amount
	$0.00

2.1628. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$409.00	$409.00
	Nonpriority amount
	$0.00

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

2.1629.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $814.65	**Priority amount** $814.65 **Nonpriority amount** $0.00
2.1630.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $814.65	**Priority amount** $814.65 **Nonpriority amount** $0.00
2.1631.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $100.00	**Priority amount** $100.00 **Nonpriority amount** $0.00

2.1632. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$409.00	$409.00
	Nonpriority amount
	$0.00

2.1633. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$200.00	$200.00
	Nonpriority amount
	$0.00

2.1634. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$160.00	$160.00
	Nonpriority amount
	$0.00

2.1635. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.1636. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$1,785.00	$1,785.00

Nonpriority amount
$0.00

2.1637. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$10.00	$10.00

Nonpriority amount
$0.00

2.1638. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$80.00	$80.00
	Nonpriority amount
	$0.00

2.1639. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$25.00	$25.00
	Nonpriority amount
	$0.00

2.1640. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$30.00	$30.00
	Nonpriority amount
	$0.00

2.1641. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$180.00	$180.00
	Nonpriority amount
	$0.00

2.1642. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$814.65	$814.65
	Nonpriority amount
	$0.00

2.1643. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$250.00	$250.00
	Nonpriority amount
	$0.00

2.1644. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$875.00	$875.00

Nonpriority amount
$0.00

2.1645. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$322.67	$322.67

Nonpriority amount
$0.00

2.1646. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$264.65	$264.65

Nonpriority amount
$0.00

2.1647. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$80.00	$80.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.1648. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$635.00	$635.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.1649. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$20.00	$20.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

2.1650. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$80.00	$80.00

Nonpriority amount
$0.00

2.1651. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.1652. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$75.00	$75.00

Nonpriority amount
$0.00

2.1653. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.1654. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$200.00	$200.00

Nonpriority amount
$0.00

2.1655. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

2.1656.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Date or dates debt was incurred** _____ **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $515.00 **Nonpriority amount** $0.00	**Priority amount** $515.00
	Last 4 digits of account number: **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)			
2.1657.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Date or dates debt was incurred** _____ **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $818.00 **Nonpriority amount** $0.00	**Priority amount** $818.00
	Last 4 digits of account number: **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)			
2.1658.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Date or dates debt was incurred** _____ **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $150.00 **Nonpriority amount** $0.00	**Priority amount** $150.00
	Last 4 digits of account number: **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)			

2.1659. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.1660. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$305.00	$305.00

Nonpriority amount
$0.00

2.1661. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.1662. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$545.00	$545.00

Nonpriority amount
$0.00

2.1663. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$305.00	$305.00

Nonpriority amount
$0.00

2.1664. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$96.43	$96.43

Nonpriority amount
$0.00

2.1665. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$10.00	$10.00

Nonpriority amount
$0.00

2.1666. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.1667. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$96.43	$96.43

Nonpriority amount
$0.00

2.1668. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.1669. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$25.00	$25.00

Nonpriority amount
$0.00

2.1670. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$80.00	$80.00

Nonpriority amount
$0.00

2.1671. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$200.00	$200.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.1672. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$460.00	$460.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.1673. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$530.00	$530.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.1674. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$200.00	$200.00

Nonpriority amount
$0.00

2.1675. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$759.00	$759.00

Nonpriority amount
$0.00

2.1676. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$200.00	$200.00

Nonpriority amount
$0.00

2.1677. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$818.00	$818.00
	Nonpriority amount
	$0.00

2.1678. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$200.00	$200.00
	Nonpriority amount
	$0.00

2.1679. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$10.00	$10.00
	Nonpriority amount
	$0.00

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

2.1680.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Date or dates debt was incurred** _____ **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $65.00 **Nonpriority amount** $0.00	**Priority amount** $65.00
	Last 4 digits of account number: **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)			
2.1681.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Date or dates debt was incurred** _____ **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $60.00 **Nonpriority amount** $0.00	**Priority amount** $60.00
	Last 4 digits of account number: **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)			
2.1682.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Date or dates debt was incurred** _____ **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $100.00 **Nonpriority amount** $0.00	**Priority amount** $100.00
	Last 4 digits of account number: **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)			

2.1683. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$200.00	$200.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.1684. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.1685. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$10.00	$10.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.1686. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$250.00	$250.00

Nonpriority amount
$0.00

2.1687. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$380.00	$380.00

Nonpriority amount
$0.00

2.1688. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

2.1689. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.1690. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$814.65	$814.65

Nonpriority amount
$0.00

2.1691. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.1692. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$200.00	$200.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.1693. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$75.00	$75.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.1694. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$80.00	$80.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.1695. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$200.00	$200.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.1696. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$200.00	$200.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.1697. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$150.00	$150.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.1698. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.1699. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$200.00	$200.00
	Nonpriority amount
	$0.00

2.1700. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$30.00	$30.00
	Nonpriority amount
	$0.00

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

2.1701. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$10.00	$10.00

Nonpriority amount
$0.00

2.1702. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.1703. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$200.00	$200.00

Nonpriority amount
$0.00

2.1704. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$300.00	$300.00

Nonpriority amount
$0.00

2.1705. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$30.00	$30.00

Nonpriority amount
$0.00

2.1706. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$75.00	$75.00

Nonpriority amount
$0.00

2.1707. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$200.00	$200.00

Nonpriority amount
$0.00

2.1708. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$200.00	$200.00

Nonpriority amount
$0.00

2.1709. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.1710. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.1711. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.1712. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$419.00	$419.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.1713. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$409.00	$409.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.1714. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$96.43	$96.43

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.1715. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$60.00	$60.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

2.1716. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$200.00	$200.00

Nonpriority amount
$0.00

2.1717. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$409.00	$409.00

Nonpriority amount
$0.00

2.1718. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$175.00	$175.00

Nonpriority amount
$0.00

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

2.1719. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$200.00	$200.00

Nonpriority amount
$0.00

2.1720. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$10.00	$10.00

Nonpriority amount
$0.00

2.1721. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$325.00	$325.00

Nonpriority amount
$0.00

2.1722. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$685.00	$685.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.1723. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.1724. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$300.00	$300.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.1725. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.1726. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.1727. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$25.00	$25.00

Nonpriority amount
$0.00

2.1728. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$140.00	$140.00
	Nonpriority amount
	$0.00

2.1729. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.1730. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$200.00	$200.00
	Nonpriority amount
	$0.00

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

2.1731. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$60.00	$60.00

Nonpriority amount
$0.00

2.1732. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.1733. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$10.00	$10.00

Nonpriority amount
$0.00

2.1734. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$910.00	$910.00
	Nonpriority amount
	$0.00

2.1735. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$30.00	$30.00
	Nonpriority amount
	$0.00

2.1736. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.1737. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$350.00	$350.00
	Nonpriority amount
	$0.00

2.1738. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$30.00	$30.00
	Nonpriority amount
	$0.00

2.1739. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$30.00	$30.00
	Nonpriority amount
	$0.00

2.1740. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$200.00	$200.00

Nonpriority amount
$0.00

2.1741. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$175.00	$175.00

Nonpriority amount
$0.00

2.1742. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$409.00	$409.00

Nonpriority amount
$0.00

2.1743. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$25.00	$25.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.1744. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$10.00	$10.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.1745. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.1746. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$160.00	$160.00

Nonpriority amount
$0.00

2.1747. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.1748. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$409.00	$409.00

Nonpriority amount
$0.00

2.1749. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$200.00	$200.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.1750. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$170.00	$170.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.1751. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$96.43	$96.43

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.1752. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$200.00	$200.00

Nonpriority amount
$0.00

2.1753. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$200.00	$200.00

Nonpriority amount
$0.00

2.1754. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

2.1755.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $250.00	**Priority amount** $250.00 **Nonpriority amount** $0.00
2.1756.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $195.00	**Priority amount** $195.00 **Nonpriority amount** $0.00
2.1757.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $405.00	**Priority amount** $405.00 **Nonpriority amount** $0.00

2.1758. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$60.00	$60.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.1759. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.1760. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$250.00	$250.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.1761. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$200.00	$200.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.1762. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.1763. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$20.00	$20.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.1764. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$30.00	$30.00
	Nonpriority amount
	$0.00

2.1765. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$200.00	$200.00
	Nonpriority amount
	$0.00

2.1766. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$96.43	$96.43
	Nonpriority amount
	$0.00

2.1767.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $96.43	**Priority amount** $96.43 **Nonpriority amount** $0.00
2.1768.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $320.00	**Priority amount** $320.00 **Nonpriority amount** $0.00
2.1769.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $2,085.00	**Priority amount** $2,085.00 **Nonpriority amount** $0.00

2.1770. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.1771. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.1772. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$409.00	$409.00

Nonpriority amount
$0.00

2.1773. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$25.00	$25.00
	Nonpriority amount
	$0.00

2.1774. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$200.00	$200.00
	Nonpriority amount
	$0.00

2.1775. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$200.00	$200.00
	Nonpriority amount
	$0.00

2.1776. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$75.00	$75.00
	Nonpriority amount
	$0.00

2.1777. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$670.00	$670.00
	Nonpriority amount
	$0.00

2.1778. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.1779. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$200.00	$200.00

Nonpriority amount
$0.00

2.1780. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$814.65	$814.65

Nonpriority amount
$0.00

2.1781. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$385.00	$385.00

Nonpriority amount
$0.00

2.1782. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.1783. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.1784. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

2.1785. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$875.00	$875.00

Nonpriority amount
$0.00

2.1786. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$60.00	$60.00

Nonpriority amount
$0.00

2.1787. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$375.00	$375.00

Nonpriority amount
$0.00

2.1788.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $60.00 **Nonpriority amount** $0.00	**Priority amount** $60.00
	Date or dates debt was incurred _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)			

2.1789.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $80.00 **Nonpriority amount** $0.00	**Priority amount** $80.00
	Date or dates debt was incurred _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)			

2.1790.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $65.00 **Nonpriority amount** $0.00	**Priority amount** $65.00
	Date or dates debt was incurred _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)			

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

2.1791.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Date or dates debt was incurred** _____ **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $96.43 **Nonpriority amount** $0.00	**Priority amount** $96.43
	Last 4 digits of account number: **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)			
2.1792.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Date or dates debt was incurred** _____ **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $419.00 **Nonpriority amount** $0.00	**Priority amount** $419.00
	Last 4 digits of account number: **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)			
2.1793.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Date or dates debt was incurred** _____ **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $635.00 **Nonpriority amount** $0.00	**Priority amount** $635.00
	Last 4 digits of account number: **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)			

2.1794. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$200.00	$200.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.1795. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$60.00	$60.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.1796. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.1797. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$25.00	$25.00
	Nonpriority amount
	$0.00

2.1798. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$814.65	$814.65
	Nonpriority amount
	$0.00

2.1799. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$355.00	$355.00
	Nonpriority amount
	$0.00

2.1800. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.1801. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$0.00	$0.00
	Nonpriority amount
	$0.00

2.1802. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.1803. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$80.00	$80.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

2.1804. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$60.00	$60.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

2.1805. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$300.00	$300.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

2.1806. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.1807. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$200.00	$200.00

Nonpriority amount
$0.00

2.1808. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$85.00	$85.00

Nonpriority amount
$0.00

2.1809. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$200.00	$200.00

Nonpriority amount
$0.00

2.1810. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$65.00	$65.00

Nonpriority amount
$0.00

2.1811. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$830.00	$830.00

Nonpriority amount
$0.00

2.1812. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$409.00	$409.00

Nonpriority amount
$0.00

2.1813. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$180.00	$180.00

Nonpriority amount
$0.00

2.1814. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$75.00	$75.00

Nonpriority amount
$0.00

2.1815. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$60.00	$60.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.1816. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$250.00	$250.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.1817. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$435.00	$435.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.1818. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$250.00	$250.00

Nonpriority amount
$0.00

2.1819. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$260.00	$260.00

Nonpriority amount
$0.00

2.1820. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.1821. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.1822. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$550.00	$550.00

Nonpriority amount
$0.00

2.1823. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$96.43	$96.43

Nonpriority amount
$0.00

2.1824. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$175.00	$175.00

Nonpriority amount
$0.00

2.1825. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$200.00	$200.00

Nonpriority amount
$0.00

2.1826. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$96.43	$96.43

Nonpriority amount
$0.00

2.1827. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$30.00	$30.00
	Nonpriority amount
	$0.00

2.1828. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$200.00	$200.00
	Nonpriority amount
	$0.00

2.1829. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$814.65	$814.65
	Nonpriority amount
	$0.00

2.1830. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.1831. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$900.00	$900.00

Nonpriority amount
$0.00

2.1832. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$150.00	$150.00

Nonpriority amount
$0.00

2.1833. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$75.00	$75.00
	Nonpriority amount
	$0.00

2.1834. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$200.00	$200.00
	Nonpriority amount
	$0.00

2.1835. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$400.00	$400.00
	Nonpriority amount
	$0.00

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

2.1836. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$10.00	$10.00
	Nonpriority amount
	$0.00

2.1837. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.1838. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$30.00	$30.00
	Nonpriority amount
	$0.00

2.1839. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$25.00	$25.00

Nonpriority amount
$0.00

2.1840. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.1841. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$330.00	$330.00

Nonpriority amount
$0.00

2.1842. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$814.65	$814.65
	Nonpriority amount
	$0.00

2.1843. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$838.00	$838.00
	Nonpriority amount
	$0.00

2.1844. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$300.00	$300.00
	Nonpriority amount
	$0.00

2.1845. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$60.00	$60.00

Nonpriority amount
$0.00

2.1846. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$200.00	$200.00

Nonpriority amount
$0.00

2.1847. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$25.00	$25.00

Nonpriority amount
$0.00

2.1848. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$10.00	$10.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.1849. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$25.00	$25.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.1850. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

2.1851. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$10.00	$10.00

Nonpriority amount
$0.00

2.1852. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$80.00	$80.00

Nonpriority amount
$0.00

2.1853. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.1854. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$30.00	$30.00

Nonpriority amount
$0.00

2.1855. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.1856. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$375.00	$375.00

Nonpriority amount
$0.00

2.1857. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.1858. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$200.00	$200.00
	Nonpriority amount
	$0.00

2.1859. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$670.00	$670.00
	Nonpriority amount
	$0.00

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

2.1860.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Date or dates debt was incurred** _____ **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $900.00 **Nonpriority amount** $0.00	**Priority amount** $900.00
	Last 4 digits of account number: **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)			
2.1861.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Date or dates debt was incurred** _____ **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $251.25 **Nonpriority amount** $0.00	**Priority amount** $251.25
	Last 4 digits of account number: **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)			
2.1862.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Date or dates debt was incurred** _____ **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $814.65 **Nonpriority amount** $0.00	**Priority amount** $814.65
	Last 4 digits of account number: **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)			

2.1863. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.1864. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$190.00	$190.00

Nonpriority amount
$0.00

2.1865. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$135.00	$135.00

Nonpriority amount
$0.00

2.1866. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$295.00	$295.00

Nonpriority amount
$0.00

2.1867. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.1868. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$60.00	$60.00

Nonpriority amount
$0.00

2.1869.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $435.00	**Priority amount** $435.00 **Nonpriority amount** $0.00
2.1870.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $250.00	**Priority amount** $250.00 **Nonpriority amount** $0.00
2.1871.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $814.65	**Priority amount** $814.65 **Nonpriority amount** $0.00

2.1872. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.1873. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$80.00	$80.00

Nonpriority amount
$0.00

2.1874. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$190.00	$190.00

Nonpriority amount
$0.00

2.1875.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed	**Total claim** $350.00	**Priority amount** $350.00 **Nonpriority amount** $0.00
	Date or dates debt was incurred _____	**Basis for the claim:** CANCELLED EVENTS REFUNDS		
	Last 4 digits of account number: **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**Is the claim subject to offset?** ☑ No ☐ Yes		

2.1876.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed	**Total claim** $200.00	**Priority amount** $200.00 **Nonpriority amount** $0.00
	Date or dates debt was incurred _____	**Basis for the claim:** CANCELLED EVENTS REFUNDS		
	Last 4 digits of account number: **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**Is the claim subject to offset?** ☑ No ☐ Yes		

2.1877.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed	**Total claim** $350.00	**Priority amount** $350.00 **Nonpriority amount** $0.00
	Date or dates debt was incurred _____	**Basis for the claim:** CANCELLED EVENTS REFUNDS		
	Last 4 digits of account number: **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**Is the claim subject to offset?** ☑ No ☐ Yes		

2.1878. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.1879. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.1880. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.1881. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$96.43	$96.43

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.1882. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$120.00	$120.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.1883. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$409.00	$409.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.1884. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.1885. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.1886. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$300.00	$300.00

Nonpriority amount
$0.00

2.1887. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$60.00	$60.00
	Nonpriority amount
	$0.00

2.1888. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$25.00	$25.00
	Nonpriority amount
	$0.00

2.1889. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$190.00	$190.00
	Nonpriority amount
	$0.00

2.1890. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$814.65	$814.65
	Nonpriority amount
	$0.00

2.1891. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$200.00	$200.00
	Nonpriority amount
	$0.00

2.1892. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$250.00	$250.00
	Nonpriority amount
	$0.00

2.1893. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$435.00	$435.00

Nonpriority amount
$0.00

2.1894. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.1895. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$1,620.00	$1,620.00

Nonpriority amount
$0.00

2.1896. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$80.00	$80.00
	Nonpriority amount
	$0.00

2.1897. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$96.43	$96.43
	Nonpriority amount
	$0.00

2.1898. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.1899.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed	**Total claim** $1,620.00	**Priority amount** $1,620.00 **Nonpriority amount** $0.00
	Date or dates debt was incurred _____	**Basis for the claim:** CANCELLED EVENTS REFUNDS		
	Last 4 digits of account number: **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**Is the claim subject to offset?** ☑ No ☐ Yes		

2.1900.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed	**Total claim** $100.00	**Priority amount** $100.00 **Nonpriority amount** $0.00
	Date or dates debt was incurred _____	**Basis for the claim:** CANCELLED EVENTS REFUNDS		
	Last 4 digits of account number: **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**Is the claim subject to offset?** ☑ No ☐ Yes		

2.1901.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed	**Total claim** $100.00	**Priority amount** $100.00 **Nonpriority amount** $0.00
	Date or dates debt was incurred _____	**Basis for the claim:** CANCELLED EVENTS REFUNDS		
	Last 4 digits of account number: **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**Is the claim subject to offset?** ☑ No ☐ Yes		

2.1902. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$135.00	$135.00
	Nonpriority amount
	$0.00

2.1903. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$225.00	$225.00
	Nonpriority amount
	$0.00

2.1904. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$270.00	$270.00
	Nonpriority amount
	$0.00

2.1905. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$55.58	$55.58

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.1906. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$25.00	$25.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.1907. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$200.00	$200.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.1908. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$200.00	$200.00
	Nonpriority amount
	$0.00

2.1909. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$450.00	$450.00
	Nonpriority amount
	$0.00

2.1910. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$1,100.00	$1,100.00
	Nonpriority amount
	$0.00

2.1911. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$60.00	$60.00

Nonpriority amount
$0.00

2.1912. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$30.00	$30.00

Nonpriority amount
$0.00

2.1913. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$30.00	$30.00

Nonpriority amount
$0.00

2.1914. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$10.00	$10.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.1915. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$160.00	$160.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.1916. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$935.00	$935.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.1917. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.1918. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$160.00	$160.00

Nonpriority amount
$0.00

2.1919. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.1920. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.1921. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.1922. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.1923. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$30.00	$30.00
	Nonpriority amount
	$0.00

2.1924. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$60.00	$60.00
	Nonpriority amount
	$0.00

2.1925. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$200.00	$200.00
	Nonpriority amount
	$0.00

2.1926. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$250.00	$250.00

Nonpriority amount
$0.00

2.1927. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$25.00	$25.00

Nonpriority amount
$0.00

2.1928. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$280.00	$280.00

Nonpriority amount
$0.00

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

2.1929. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$96.43	$96.43
	Nonpriority amount
	$0.00

2.1930. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$818.00	$818.00
	Nonpriority amount
	$0.00

2.1931. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.1932. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$470.00	$470.00

Nonpriority amount
$0.00

2.1933. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.1934. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$200.00	$200.00

Nonpriority amount
$0.00

2.1935. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.1936. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$80.00	$80.00

Nonpriority amount
$0.00

2.1937. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$60.00	$60.00

Nonpriority amount
$0.00

2.1938. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$700.00	$700.00

Nonpriority amount
$0.00

2.1939. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.1940. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$250.00	$250.00

Nonpriority amount
$0.00

2.1941. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.1942. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$180.00	$180.00

Nonpriority amount
$0.00

2.1943. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.1944. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$80.00	$80.00
	Nonpriority amount
	$0.00

2.1945. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$152.01	$152.01
	Nonpriority amount
	$0.00

2.1946. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$10.00	$10.00
	Nonpriority amount
	$0.00

2.1947. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$96.00	$96.00

Nonpriority amount
$0.00

2.1948. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$646.43	$646.43

Nonpriority amount
$0.00

2.1949. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$10.00	$10.00

Nonpriority amount
$0.00

2.1950. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$306.00	$306.00

Nonpriority amount
$0.00

2.1951. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.1952. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$875.00	$875.00

Nonpriority amount
$0.00

2.1953. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$30.00	$30.00
	Nonpriority amount
	$0.00

2.1954. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$10.00	$10.00
	Nonpriority amount
	$0.00

2.1955. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.1956. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.1957. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.1958. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.1959.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $65.00	**Priority amount** $65.00 **Nonpriority amount** $0.00
2.1960.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $409.00	**Priority amount** $409.00 **Nonpriority amount** $0.00
2.1961.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $235.00	**Priority amount** $235.00 **Nonpriority amount** $0.00

2.1962. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.1963. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$70.00	$70.00

Nonpriority amount
$0.00

2.1964. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$30.00	$30.00

Nonpriority amount
$0.00

2.1965. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$200.00	$200.00

Nonpriority amount
$0.00

2.1966. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$455.00	$455.00

Nonpriority amount
$0.00

2.1967. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$225.00	$225.00

Nonpriority amount
$0.00

2.1968. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$96.43	$96.43

Nonpriority amount
$0.00

2.1969. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$250.00	$250.00

Nonpriority amount
$0.00

2.1970. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$260.00	$260.00

Nonpriority amount
$0.00

2.1971. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.1972. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$135.00	$135.00

Nonpriority amount
$0.00

2.1973. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$875.00	$875.00

Nonpriority amount
$0.00

2.1974. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$25.00	$25.00
	Nonpriority amount
	$0.00

2.1975. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$30.00	$30.00
	Nonpriority amount
	$0.00

2.1976. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.1977.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $900.00	**Priority amount** $900.00 **Nonpriority amount** $0.00
2.1978.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $100.00	**Priority amount** $100.00 **Nonpriority amount** $0.00
2.1979.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $30.00	**Priority amount** $30.00 **Nonpriority amount** $0.00

2.1980. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$25.00	$25.00

Nonpriority amount
$0.00

2.1981. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$200.00	$200.00

Nonpriority amount
$0.00

2.1982. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.1983. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$350.00	$350.00
	Nonpriority amount
	$0.00

2.1984. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$40.00	$40.00
	Nonpriority amount
	$0.00

2.1985. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.1986.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $405.00	**Priority amount** $405.00 **Nonpriority amount** $0.00
2.1987.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $670.00	**Priority amount** $670.00 **Nonpriority amount** $0.00
2.1988.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $900.00	**Priority amount** $900.00 **Nonpriority amount** $0.00

2.1989.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $96.43	**Priority amount** $96.43 **Nonpriority amount** $0.00
2.1990.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $100.00	**Priority amount** $100.00 **Nonpriority amount** $0.00
2.1991.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $450.00	**Priority amount** $450.00 **Nonpriority amount** $0.00

2.1992. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.1993. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$300.00	$300.00
	Nonpriority amount
	$0.00

2.1994. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$200.00	$200.00
	Nonpriority amount
	$0.00

2.1995. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.1996. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$419.00	$419.00

Nonpriority amount
$0.00

2.1997. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.1998. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$250.00	$250.00
	Nonpriority amount
	$0.00

2.1999. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$30.00	$30.00
	Nonpriority amount
	$0.00

2.2000. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

2.2001.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $860.00 **Nonpriority amount** $0.00	**Priority amount** $860.00
	Date or dates debt was incurred _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)			

2.2002.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $200.00 **Nonpriority amount** $0.00	**Priority amount** $200.00
	Date or dates debt was incurred _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)			

2.2003.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $1,620.00 **Nonpriority amount** $0.00	**Priority amount** $1,620.00
	Date or dates debt was incurred _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)			

2.2004. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$30.00	$30.00
	Nonpriority amount
	$0.00

2.2005. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$10.00	$10.00
	Nonpriority amount
	$0.00

2.2006. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.2007. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$200.00	$200.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

2.2008. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

2.2009. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$50.00	$50.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

2.2010. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$875.00	$875.00
	Nonpriority amount
	$0.00

2.2011. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$350.00	$350.00
	Nonpriority amount
	$0.00

2.2012. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

2.2013.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $80.00	**Priority amount** $80.00 **Nonpriority amount** $0.00
2.2014.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $30.00	**Priority amount** $30.00 **Nonpriority amount** $0.00
2.2015.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $200.00	**Priority amount** $200.00 **Nonpriority amount** $0.00

2.2016. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$30.00	$30.00
	Nonpriority amount
	$0.00

2.2017. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$250.00	$250.00
	Nonpriority amount
	$0.00

2.2018. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$350.00	$350.00
	Nonpriority amount
	$0.00

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

2.2019.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Date or dates debt was incurred** _____ **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $175.00 **Nonpriority amount** $0.00	**Priority amount** $175.00
	Last 4 digits of account number: **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)			
2.2020.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Date or dates debt was incurred** _____ **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $200.00 **Nonpriority amount** $0.00	**Priority amount** $200.00
	Last 4 digits of account number: **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)			
2.2021.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Date or dates debt was incurred** _____ **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $165.00 **Nonpriority amount** $0.00	**Priority amount** $165.00
	Last 4 digits of account number: **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)			

2.2022. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

2.2023. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$1,620.00	$1,620.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

2.2024. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$25.00	$25.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

2.2025. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$80.00	$80.00

Nonpriority amount
$0.00

2.2026. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$480.00	$480.00

Nonpriority amount
$0.00

2.2027. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.2028. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$210.00	$210.00

Nonpriority amount
$0.00

2.2029. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.2030. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$190.00	$190.00

Nonpriority amount
$0.00

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

2.2031. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$25.00	$25.00
	Nonpriority amount
	$0.00

2.2032. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$150.00	$150.00
	Nonpriority amount
	$0.00

2.2033. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.2034. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$510.00	$510.00

Nonpriority amount
$0.00

2.2035. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$510.00	$510.00

Nonpriority amount
$0.00

2.2036. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$409.00	$409.00

Nonpriority amount
$0.00

2.2037. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.2038. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$200.00	$200.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.2039. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$40.00	$40.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

2.2040. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$25.00	$25.00
	Nonpriority amount
	$0.00

2.2041. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$350.00	$350.00
	Nonpriority amount
	$0.00

2.2042. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$10.00	$10.00
	Nonpriority amount
	$0.00

2.2043. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$250.00	$250.00
	Nonpriority amount
	$0.00

2.2044. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.2045. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$640.00	$640.00
	Nonpriority amount
	$0.00

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

2.2046.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $100.00	**Priority amount** $100.00 **Nonpriority amount** $0.00
	Date or dates debt was incurred _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)			
2.2047.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $25.00	**Priority amount** $25.00 **Nonpriority amount** $0.00
	Date or dates debt was incurred _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)			
2.2048.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $175.00	**Priority amount** $175.00 **Nonpriority amount** $0.00
	Date or dates debt was incurred _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)			

2.2049. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$135.00	$135.00

Nonpriority amount
$0.00

2.2050. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.2051. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$665.00	$665.00

Nonpriority amount
$0.00

2.2052. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$425.00	$425.00

Nonpriority amount
$0.00

2.2053. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.2054. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.2055. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$200.00	$200.00

Nonpriority amount
$0.00

2.2056. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.2057. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$200.00	$200.00

Nonpriority amount
$0.00

2.2058. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.2059. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.2060. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.2061. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$96.43	$96.43
	Nonpriority amount
	$0.00

2.2062. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.2063. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$814.65	$814.65
	Nonpriority amount
	$0.00

2.2064. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$450.00	$450.00

Nonpriority amount
$0.00

2.2065. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$190.00	$190.00

Nonpriority amount
$0.00

2.2066. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.2067. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.2068. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.2069. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.2070.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $200.00	**Priority amount** $200.00 **Nonpriority amount** $0.00
2.2071.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $225.00	**Priority amount** $225.00 **Nonpriority amount** $0.00
2.2072.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $200.00	**Priority amount** $200.00 **Nonpriority amount** $0.00

2.2073. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$25.00	$25.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

2.2074. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$200.00	$200.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

2.2075. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$200.00	$200.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

2.2076.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $70.00	**Priority amount** $70.00 **Nonpriority amount** $0.00
2.2077.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $200.00	**Priority amount** $200.00 **Nonpriority amount** $0.00
2.2078.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $100.00	**Priority amount** $100.00 **Nonpriority amount** $0.00

2.2079.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $100.00 **Nonpriority amount** $0.00	**Priority amount** $100.00
	Date or dates debt was incurred _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)			

2.2080.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $100.00 **Nonpriority amount** $0.00	**Priority amount** $100.00
	Date or dates debt was incurred _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)			

2.2081.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $100.00 **Nonpriority amount** $0.00	**Priority amount** $100.00
	Date or dates debt was incurred _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)			

2.2082. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$175.00	$175.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.2083. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.2084. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.2085. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$425.00	$425.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.2086. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$2,370.00	$2,370.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.2087. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$485.00	$485.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.2088. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$250.00	$250.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.2089. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.2090. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$10.00	$10.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.2091. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$75.00	$75.00
	Nonpriority amount
	$0.00

2.2092. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$900.00	$900.00
	Nonpriority amount
	$0.00

2.2093. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$875.00	$875.00
	Nonpriority amount
	$0.00

2.2094. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$25.00	$25.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.2095. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$60.00	$60.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.2096. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$409.00	$409.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.2097.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $96.43	**Priority amount** $96.43 **Nonpriority amount** $0.00
2.2098.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $100.00	**Priority amount** $100.00 **Nonpriority amount** $0.00
2.2099.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $1,470.00	**Priority amount** $1,470.00 **Nonpriority amount** $0.00

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

2.2100. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.2101. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$90.00	$90.00

Nonpriority amount
$0.00

2.2102. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.2103. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$409.00	$409.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.2104. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.2105. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

2.2106. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.2107. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$910.00	$910.00

Nonpriority amount
$0.00

2.2108. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$25.00	$25.00

Nonpriority amount
$0.00

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

2.2109.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $65.00	**Priority amount** $65.00 **Nonpriority amount** $0.00
2.2110.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $814.65	**Priority amount** $814.65 **Nonpriority amount** $0.00
2.2111.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $425.00	**Priority amount** $425.00 **Nonpriority amount** $0.00

2.2112. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$175.00	$175.00
	Nonpriority amount
	$0.00

2.2113. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$25.00	$25.00
	Nonpriority amount
	$0.00

2.2114. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$70.00	$70.00
	Nonpriority amount
	$0.00

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

2.2115. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.2116. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$400.00	$400.00

Nonpriority amount
$0.00

2.2117. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$409.00	$409.00

Nonpriority amount
$0.00

2.2118. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$190.00	$190.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.2119. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$80.00	$80.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.2120. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

2.2121. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$60.00	$60.00
	Nonpriority amount
	$0.00

2.2122. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$285.00	$285.00
	Nonpriority amount
	$0.00

2.2123. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$200.00	$200.00
	Nonpriority amount
	$0.00

2.2124. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$265.00	$265.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.2125. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$34.00	$34.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.2126. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$300.00	$300.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.2127.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $100.00	**Priority amount** $100.00 **Nonpriority amount** $0.00
2.2128.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $200.00	**Priority amount** $200.00 **Nonpriority amount** $0.00
2.2129.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $700.00	**Priority amount** $700.00 **Nonpriority amount** $0.00

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

2.2130. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.2131. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.2132. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$25.00	$25.00

Nonpriority amount
$0.00

2.2133. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.2134. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$814.65	$814.65
	Nonpriority amount
	$0.00

2.2135. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

2.2136. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.2137. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.2138. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$814.65	$814.65

Nonpriority amount
$0.00

2.2139. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$450.00	$450.00

Nonpriority amount
$0.00

2.2140. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.2141. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$60.00	$60.00

Nonpriority amount
$0.00

2.2142. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$350.00	$350.00

Nonpriority amount
$0.00

2.2143. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$814.65	$814.65

Nonpriority amount
$0.00

2.2144. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$280.00	$280.00

Nonpriority amount
$0.00

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

2.2145. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$280.00	$280.00

Nonpriority amount
$0.00

2.2146. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$175.00	$175.00

Nonpriority amount
$0.00

2.2147. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$70.00	$70.00

Nonpriority amount
$0.00

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

2.2148. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$875.00	$875.00

Nonpriority amount
$0.00

2.2149. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$90.00	$90.00

Nonpriority amount
$0.00

2.2150. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$300.00	$300.00

Nonpriority amount
$0.00

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

2.2151.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $60.00 **Nonpriority amount** $0.00	**Priority amount** $60.00
	Date or dates debt was incurred _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)			
2.2152.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $100.00 **Nonpriority amount** $0.00	**Priority amount** $100.00
	Date or dates debt was incurred _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)			
2.2153.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $100.00 **Nonpriority amount** $0.00	**Priority amount** $100.00
	Date or dates debt was incurred _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)			

2.2154. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$10.00	$10.00
	Nonpriority amount
	$0.00

2.2155. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.2156. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$250.00	$250.00
	Nonpriority amount
	$0.00

2.2157. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$10.00	$10.00
	Nonpriority amount
	$0.00

2.2158. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$30.00	$30.00
	Nonpriority amount
	$0.00

2.2159. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.2160. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$200.00	$200.00

Nonpriority amount
$0.00

2.2161. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$90.00	$90.00

Nonpriority amount
$0.00

2.2162. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$55.58	$55.58

Nonpriority amount
$0.00

2.2163. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$10.00	$10.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

2.2164. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$200.00	$200.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

2.2165. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$180.00	$180.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

2.2166. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$25.00	$25.00

Nonpriority amount
$0.00

2.2167. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$200.00	$200.00

Nonpriority amount
$0.00

2.2168. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$600.00	$600.00

Nonpriority amount
$0.00

2.2169. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.2170. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$814.65	$814.65
	Nonpriority amount
	$0.00

2.2171. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$200.00	$200.00
	Nonpriority amount
	$0.00

2.2172. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$10.00	$10.00
	Nonpriority amount
	$0.00

2.2173. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$250.00	$250.00
	Nonpriority amount
	$0.00

2.2174. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

2.2175. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$235.00	$235.00

Nonpriority amount
$0.00

2.2176. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$480.00	$480.00

Nonpriority amount
$0.00

2.2177. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.2178. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$30.00	$30.00
	Nonpriority amount
	$0.00

2.2179. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.2180. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.2181. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$30.00	$30.00
	Nonpriority amount
	$0.00

2.2182. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.2183. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$170.00	$170.00
	Nonpriority amount
	$0.00

2.2184. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$200.00	$200.00

Nonpriority amount
$0.00

2.2185. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.2186. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$390.00	$390.00

Nonpriority amount
$0.00

2.2187.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $100.00	**Priority amount** $100.00 **Nonpriority amount** $0.00
2.2188.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $100.00	**Priority amount** $100.00 **Nonpriority amount** $0.00
2.2189.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $100.00	**Priority amount** $100.00 **Nonpriority amount** $0.00

2.2190. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$200.00	$200.00

Nonpriority amount
$0.00

2.2191. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.2192. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$814.65	$814.65

Nonpriority amount
$0.00

2.2193. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$435.00	$435.00
	Nonpriority amount
	$0.00

2.2194. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$250.00	$250.00
	Nonpriority amount
	$0.00

2.2195. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$150.00	$150.00
	Nonpriority amount
	$0.00

2.2196. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.2197. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$30.00	$30.00
	Nonpriority amount
	$0.00

2.2198. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$140.00	$140.00
	Nonpriority amount
	$0.00

2.2199. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$814.65	$814.65

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.2200. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$96.43	$96.43

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.2201. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.2202. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$10.00	$10.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

2.2203. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$814.65	$814.65

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

2.2204. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$350.00	$350.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

2.2205. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$30.00	$30.00
	Nonpriority amount
	$0.00

2.2206. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.2207. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$438.75	$438.75
	Nonpriority amount
	$0.00

2.2208. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$60.00	$60.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.2209. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.2210. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$409.00	$409.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

2.2211. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$409.00	$409.00

Nonpriority amount
$0.00

2.2212. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$409.00	$409.00

Nonpriority amount
$0.00

2.2213. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$200.00	$200.00

Nonpriority amount
$0.00

2.2214. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.2215. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$685.00	$685.00

Nonpriority amount
$0.00

2.2216. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$900.00	$900.00

Nonpriority amount
$0.00

2.2217. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$2,370.00	$2,370.00

Nonpriority amount
$0.00

2.2218. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$235.00	$235.00

Nonpriority amount
$0.00

2.2219. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$160.00	$160.00

Nonpriority amount
$0.00

2.2220. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$30.00	$30.00
	Nonpriority amount
	$0.00

2.2221. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.2222. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$900.00	$900.00
	Nonpriority amount
	$0.00

2.2223. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$350.00	$350.00

Nonpriority amount
$0.00

2.2224. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$90.00	$90.00

Nonpriority amount
$0.00

2.2225. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$75.00	$75.00

Nonpriority amount
$0.00

2.2226. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.2227. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$60.00	$60.00

Nonpriority amount
$0.00

2.2228. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$1,720.00	$1,720.00

Nonpriority amount
$0.00

2.2229.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $75.00	**Priority amount** $75.00 **Nonpriority amount** $0.00
2.2230.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $225.00	**Priority amount** $225.00 **Nonpriority amount** $0.00
2.2231.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $200.00	**Priority amount** $200.00 **Nonpriority amount** $0.00

2.2232. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$670.00	$670.00
	Nonpriority amount
	$0.00

2.2233. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$400.00	$400.00
	Nonpriority amount
	$0.00

2.2234. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$200.00	$200.00
	Nonpriority amount
	$0.00

2.2235. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$75.00	$75.00
	Nonpriority amount
	$0.00

2.2236. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$900.00	$900.00
	Nonpriority amount
	$0.00

2.2237. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$10.00	$10.00
	Nonpriority amount
	$0.00

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

2.2238.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $1,268.00	**Priority amount** $1,268.00 **Nonpriority amount** $0.00
	Date or dates debt was incurred _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)			
2.2239.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $100.00	**Priority amount** $100.00 **Nonpriority amount** $0.00
	Date or dates debt was incurred _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)			
2.2240.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $409.00	**Priority amount** $409.00 **Nonpriority amount** $0.00
	Date or dates debt was incurred _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)			

2.2241. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$125.00	$125.00
	Nonpriority amount
	$0.00

2.2242. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.2243. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$200.00	$200.00
	Nonpriority amount
	$0.00

2.2244. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$200.00	$200.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.2245. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$20.00	$20.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.2246. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.2247. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$590.00	$590.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.2248. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$10.00	$10.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.2249. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$350.00	$350.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.2250. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$25.00	$25.00
	Nonpriority amount
	$0.00

2.2251. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$30.00	$30.00
	Nonpriority amount
	$0.00

2.2252. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$10.00	$10.00
	Nonpriority amount
	$0.00

2.2253. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.2254. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$60.00	$60.00
	Nonpriority amount
	$0.00

2.2255. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$200.00	$200.00
	Nonpriority amount
	$0.00

2.2256. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$250.00	$250.00

Nonpriority amount
$0.00

2.2257. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$600.00	$600.00

Nonpriority amount
$0.00

2.2258. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$190.00	$190.00

Nonpriority amount
$0.00

2.2259. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$80.00	$80.00
	Nonpriority amount
	$0.00

2.2260. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$350.00	$350.00
	Nonpriority amount
	$0.00

2.2261. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$30.00	$30.00
	Nonpriority amount
	$0.00

2.2262. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.2263. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$290.00	$290.00

Nonpriority amount
$0.00

2.2264. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$220.00	$220.00

Nonpriority amount
$0.00

2.2265. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$220.00	$220.00

Nonpriority amount
$0.00

2.2266. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.2267. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$96.43	$96.43

Nonpriority amount
$0.00

2.2268. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.2269. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$30.00	$30.00

Nonpriority amount
$0.00

2.2270. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.2271. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.2272. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$425.00	$425.00

Nonpriority amount
$0.00

2.2273. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$25.00	$25.00

Nonpriority amount
$0.00

2.2274. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$300.00	$300.00

Nonpriority amount
$0.00

2.2275. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$200.00	$200.00

Nonpriority amount
$0.00

2.2276. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$82.50	$82.50

Nonpriority amount
$0.00

2.2277.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $200.00	**Priority amount** $200.00 **Nonpriority amount** $0.00
2.2278.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $200.00	**Priority amount** $200.00 **Nonpriority amount** $0.00
2.2279.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $25.00	**Priority amount** $25.00 **Nonpriority amount** $0.00

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

2.2280.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $814.65	**Priority amount** $814.65 **Nonpriority amount** $0.00
	Date or dates debt was incurred _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)			
2.2281.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $100.00	**Priority amount** $100.00 **Nonpriority amount** $0.00
	Date or dates debt was incurred _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)			
2.2282.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $350.00	**Priority amount** $350.00 **Nonpriority amount** $0.00
	Date or dates debt was incurred _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)			

2.2283. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$300.00	$300.00

Nonpriority amount
$0.00

2.2284. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$814.65	$814.65

Nonpriority amount
$0.00

2.2285. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$10.00	$10.00

Nonpriority amount
$0.00

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

2.2286.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed	**Total claim** $409.00	**Priority amount** $409.00 **Nonpriority amount** $0.00
	Date or dates debt was incurred _____	**Basis for the claim:** CANCELLED EVENTS REFUNDS		
	Last 4 digits of account number: **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**Is the claim subject to offset?** ☑ No ☐ Yes		
2.2287.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed	**Total claim** $1,227.00	**Priority amount** $1,227.00 **Nonpriority amount** $0.00
	Date or dates debt was incurred _____	**Basis for the claim:** CANCELLED EVENTS REFUNDS		
	Last 4 digits of account number: **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**Is the claim subject to offset?** ☑ No ☐ Yes		
2.2288.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed	**Total claim** $350.00	**Priority amount** $350.00 **Nonpriority amount** $0.00
	Date or dates debt was incurred _____	**Basis for the claim:** CANCELLED EVENTS REFUNDS		
	Last 4 digits of account number: **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**Is the claim subject to offset?** ☑ No ☐ Yes		

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

2.2289.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $100.00	**Priority amount** $100.00 **Nonpriority amount** $0.00
	Date or dates debt was incurred _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)			
2.2290.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $100.00	**Priority amount** $100.00 **Nonpriority amount** $0.00
	Date or dates debt was incurred _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)			
2.2291.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $160.00	**Priority amount** $160.00 **Nonpriority amount** $0.00
	Date or dates debt was incurred _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)			

2.2292. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$325.00	$325.00
	Nonpriority amount
	$0.00

2.2293. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$130.00	$130.00
	Nonpriority amount
	$0.00

2.2294. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$200.00	$200.00
	Nonpriority amount
	$0.00

2.2295. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$30.00	$30.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.2296. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.2297. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$30.00	$30.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.2298. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.2299. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$10.00	$10.00
	Nonpriority amount
	$0.00

2.2300. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$900.00	$900.00
	Nonpriority amount
	$0.00

2.2301. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.2302. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$450.00	$450.00

Nonpriority amount
$0.00

2.2303. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

2.2304. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$200.00	$200.00

Nonpriority amount
$0.00

2.2305. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$610.00	$610.00

Nonpriority amount
$0.00

2.2306. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$10.00	$10.00

Nonpriority amount
$0.00

2.2307. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$264.65	$264.65

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.2308. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$310.00	$310.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.2309. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$814.65	$814.65

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.2310. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$419.00	$419.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.2311. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$814.65	$814.65

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.2312. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.2313. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.2314. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$70.00	$70.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.2315. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$10.00	$10.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.2316. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$96.43	$96.43

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.2317. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.2318. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$200.00	$200.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.2319.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $200.00	**Priority amount** $200.00 **Nonpriority amount** $0.00
2.2320.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $350.00	**Priority amount** $350.00 **Nonpriority amount** $0.00
2.2321.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $419.00	**Priority amount** $419.00 **Nonpriority amount** $0.00

2.2322. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$96.43	$96.43

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.2323. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.2324. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.2325. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$250.00	$250.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.2326. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.2327. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.2328. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$96.43	$96.43
	Nonpriority amount
	$0.00

2.2329. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$814.65	$814.65
	Nonpriority amount
	$0.00

2.2330. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$30.00	$30.00
	Nonpriority amount
	$0.00

2.2331.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $169.00	**Priority amount** $169.00 **Nonpriority amount** $0.00
2.2332.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $80.00	**Priority amount** $80.00 **Nonpriority amount** $0.00
2.2333.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $409.00	**Priority amount** $409.00 **Nonpriority amount** $0.00

2.2334. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$250.00	$250.00
	Nonpriority amount
	$0.00

2.2335. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$200.00	$200.00
	Nonpriority amount
	$0.00

2.2336. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.2337. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$685.00	$685.00
	Nonpriority amount
	$0.00

2.2338. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.2339. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$380.00	$380.00
	Nonpriority amount
	$0.00

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

2.2340. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$140.00	$140.00

Nonpriority amount
$0.00

2.2341. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$875.00	$875.00

Nonpriority amount
$0.00

2.2342. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$25.00	$25.00

Nonpriority amount
$0.00

2.2343. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.2344. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$814.65	$814.65

Nonpriority amount
$0.00

2.2345. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$180.00	$180.00

Nonpriority amount
$0.00

2.2346. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$130.00	$130.00
	Nonpriority amount
	$0.00

2.2347. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$55.58	$55.58
	Nonpriority amount
	$0.00

2.2348. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$200.00	$200.00
	Nonpriority amount
	$0.00

2.2349. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$10.00	$10.00
	Nonpriority amount
	$0.00

2.2350. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$200.00	$200.00
	Nonpriority amount
	$0.00

2.2351. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$30.00	$30.00
	Nonpriority amount
	$0.00

2.2352. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$60.00	$60.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.2353. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.2354. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$830.00	$830.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.2355. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.2356. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.2357. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

2.2358. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$409.00	$409.00

Nonpriority amount
$0.00

2.2359. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$30.00	$30.00

Nonpriority amount
$0.00

2.2360. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.2361. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$320.00	$320.00

Nonpriority amount
$0.00

2.2362. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$200.00	$200.00

Nonpriority amount
$0.00

2.2363. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$96.43	$96.43

Nonpriority amount
$0.00

2.2364. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$200.00	$200.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.2365. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$409.00	$409.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.2366. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$140.00	$140.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.2367. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$300.00	$300.00
	Nonpriority amount
	$0.00

2.2368. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$1,220.00	$1,220.00
	Nonpriority amount
	$0.00

2.2369. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$900.00	$900.00
	Nonpriority amount
	$0.00

2.2370. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$250.00	$250.00

Nonpriority amount
$0.00

2.2371. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$900.00	$900.00

Nonpriority amount
$0.00

2.2372. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$1,820.00	$1,820.00

Nonpriority amount
$0.00

2.2373. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$190.00	$190.00
	Nonpriority amount
	$0.00

2.2374. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.2375. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$200.00	$200.00
	Nonpriority amount
	$0.00

2.2376. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$185.00	$185.00

Nonpriority amount
$0.00

2.2377. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$400.00	$400.00

Nonpriority amount
$0.00

2.2378. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$25.00	$25.00

Nonpriority amount
$0.00

2.2379. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$200.00	$200.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.2380. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.2381. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$90.00	$90.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.2382. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$415.00	$415.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.2383. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$25.00	$25.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.2384. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.2385. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.2386. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$200.00	$200.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.2387. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.2388. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$350.00	$350.00

Nonpriority amount
$0.00

2.2389. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.2390. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$200.00	$200.00

Nonpriority amount
$0.00

2.2391. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$1,570.00	$1,570.00

Nonpriority amount
$0.00

2.2392. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.2393. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$30.00	$30.00

Nonpriority amount
$0.00

2.2394. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.2395. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.2396. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$409.00	$409.00

Nonpriority amount
$0.00

2.2397. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$25.00	$25.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.2398. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$80.00	$80.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.2399. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$96.43	$96.43

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

2.2400. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$80.00	$80.00
	Nonpriority amount
	$0.00

2.2401. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$60.00	$60.00
	Nonpriority amount
	$0.00

2.2402. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$875.00	$875.00
	Nonpriority amount
	$0.00

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

2.2403. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.2404. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$200.00	$200.00

Nonpriority amount
$0.00

2.2405. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$175.00	$175.00

Nonpriority amount
$0.00

2.2406. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$50.00	$50.00
	Nonpriority amount
	$0.00

2.2407. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$650.00	$650.00
	Nonpriority amount
	$0.00

2.2408. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$96.43	$96.43
	Nonpriority amount
	$0.00

2.2409.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $100.00	**Priority amount** $100.00 **Nonpriority amount** $0.00
2.2410.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $100.00	**Priority amount** $100.00 **Nonpriority amount** $0.00
2.2411.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $350.00	**Priority amount** $350.00 **Nonpriority amount** $0.00

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

2.2412. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$70.00	$70.00
	Nonpriority amount
	$0.00

2.2413. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.2414. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.2415. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.2416. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.2417. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.2418. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$200.00	$200.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.2419. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$10.00	$10.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.2420. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$20.00	$20.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

2.2421. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$360.00	$360.00

Nonpriority amount
$0.00

2.2422. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$30.00	$30.00

Nonpriority amount
$0.00

2.2423. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$25.00	$25.00

Nonpriority amount
$0.00

2.2424. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$25.00	$25.00

Nonpriority amount
$0.00

2.2425. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.2426. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$900.00	$900.00

Nonpriority amount
$0.00

2.2427.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $100.00	**Priority amount** $100.00 **Nonpriority amount** $0.00
2.2428.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $100.00	**Priority amount** $100.00 **Nonpriority amount** $0.00
2.2429.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $875.00	**Priority amount** $875.00 **Nonpriority amount** $0.00

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

2.2430. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.2431. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$814.65	$814.65
	Nonpriority amount
	$0.00

2.2432. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$190.00	$190.00
	Nonpriority amount
	$0.00

2.2433. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.2434. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.2435. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$875.00	$875.00

Nonpriority amount
$0.00

2.2436. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$900.00	$900.00

Nonpriority amount
$0.00

2.2437. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.2438. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$25.00	$25.00

Nonpriority amount
$0.00

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

2.2439.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $60.00	**Priority amount** $60.00 **Nonpriority amount** $0.00
2.2440.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $10.00	**Priority amount** $10.00 **Nonpriority amount** $0.00
2.2441.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $100.00	**Priority amount** $100.00 **Nonpriority amount** $0.00

2.2442. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$419.00	$419.00

Nonpriority amount
$0.00

2.2443. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$96.43	$96.43

Nonpriority amount
$0.00

2.2444. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Basis for the claim:

CANCELLED EVENTS REFUNDS

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$814.65	$814.65

Nonpriority amount
$0.00

2.2445. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$80.00	$80.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

2.2446. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$670.00	$670.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

2.2447. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

2.2448. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$291.25	$291.25

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.2449. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$200.00	$200.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.2450. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$200.00	$200.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.2451. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.2452. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$685.00	$685.00
	Nonpriority amount
	$0.00

2.2453. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Total claim	Priority amount
$100.00	$100.00
	Nonpriority amount
	$0.00

2.2454. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$180.00	$180.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.2455. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$409.00	$409.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.2456. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.2457. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$700.00	$700.00

Nonpriority amount
$0.00

2.2458. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.2459. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$107.00	$107.00

Nonpriority amount
$0.00

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

2.2460. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$350.00	$350.00

Nonpriority amount
$0.00

2.2461. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$409.00	$409.00

Nonpriority amount
$0.00

2.2462. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$190.00	$190.00

Nonpriority amount
$0.00

2.2463.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $50.00	**Priority amount** $50.00 **Nonpriority amount** $0.00
2.2464.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $37.50	**Priority amount** $37.50 **Nonpriority amount** $0.00
2.2465.	**Priority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:** **Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (7)	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** CANCELLED EVENTS REFUNDS **Is the claim subject to offset?** ☑ No ☐ Yes	**Total claim** $30.00	**Priority amount** $30.00 **Nonpriority amount** $0.00

2.2466. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.2467. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

2.2468. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$200.00	$200.00

Nonpriority amount
$0.00

2.2469. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

2.2470. **Priority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim	Priority amount
$100.00	$100.00

Nonpriority amount
$0.00

Date or dates debt was incurred

_____

Basis for the claim:

CANCELLED EVENTS REFUNDS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (7)

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. **List in alphabetical order all of the creditors with nonpriority unsecured claims.** If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: *Check all that apply.*	Amount of claim
3.1.	180 MEDICAL INC PO BOX 223905 PITTSBURGH PA 15251	☐ Contingent ☐ Unliquidated ☐ Disputed	$4.91
	Date or dates debt was incurred 4/30/2020	**Basis for the claim:** EMPLOYEE HEALTH CLAIM	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	

	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: *Check all that apply.*	Amount of claim
3.2.	A & M ENTERPRISES C/O ALISHA REINE 109 REINE DR. LA PLACE LA 70068	☐ Contingent ☐ Unliquidated ☐ Disputed	$83.99
	Date or dates debt was incurred 9/10/2019	**Basis for the claim:** TRADE PAYABLE	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	

	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: *Check all that apply.*	Amount of claim
3.3.	A RENEWED APPROACH HEALTHCARE 330 OAK HARBOR BLVD STE D SLIDELL LA 70458	☐ Contingent ☐ Unliquidated ☐ Disputed	$92.12
	Date or dates debt was incurred 4/30/2020	**Basis for the claim:** EMPLOYEE HEALTH CLAIM	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	

3.4.	**Nonpriority creditor's name and mailing address** A-1 MOBLIE SHREDDING P. O. BOX 1732 METAIRIE LA 70004	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed	**Amount of claim** $190.00
	Date or dates debt was incurred 4/1/2020	**Basis for the claim:** TRADE PAYABLE	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	

3.5.	**Nonpriority creditor's name and mailing address** ACADIAN AMBULANCE SERVICE INC. P O BOX 92970 LAFAYETTE LA 70509-8000	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed	**Amount of claim** $150.00
	Date or dates debt was incurred 4/27/2020	**Basis for the claim:** EMPLOYEE HEALTH CLAIM	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	

3.6.	**Nonpriority creditor's name and mailing address** ACADIANA RADIOLOGY GROUP LLC PO BOX 4628 JACKSON MS 39296	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed	**Amount of claim** $12.85
	Date or dates debt was incurred 4/30/2020	**Basis for the claim:** EMPLOYEE HEALTH CLAIM	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	

3.7. **Nonpriority creditor's name and mailing address**

ACCELERATED HAND SOLUTIONS LLC
7047 HWY 190 E SERVICE RD
COVINGTON LA 70433

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$348.00

Date or dates debt was incurred

4/27/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.8. **Nonpriority creditor's name and mailing address**

ACCELERATED HAND SOLUTIONS, LL
7047 HWY 190 E SVC RD
COVINGTON LA 70433

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$90.00

Date or dates debt was incurred

4/30/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.9. **Nonpriority creditor's name and mailing address**

ACCESS HEALTH LOUISIANA
PO BOX 15791
BELFAST ME 04915

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$115.00

Date or dates debt was incurred

5/1/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.10. **Nonpriority creditor's name and mailing address**

ACS PRIMARY CARE PHYSICIANS LA
PO BOX 634703
CINCINNATI OH 45263

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$609.75

Date or dates debt was incurred

5/1/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.11. **Nonpriority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☑ Contingent
☑ Unliquidated
☑ Disputed

Amount of claim

UNDETERMINED

Date or dates debt was incurred

_____

Basis for the claim:

UNRESOLVED CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.12. **Nonpriority creditor's name and mailing address**

ADAMS, KRISTY
Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$243.74

Date or dates debt was incurred

3/13/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

3.13. **Nonpriority creditor's name and mailing address**

ADI
P O BOX 731340
DALLAS TX 75373-1304

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$532.81

Date or dates debt was incurred

3/20/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.14. **Nonpriority creditor's name and mailing address**

ADMIN OF TULANE EDUCATIONAL FU
PO BOX 54431
NEW ORLEANS LA 70154

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$383.82

Date or dates debt was incurred

4/30/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.15. **Nonpriority creditor's name and mailing address**

ADS SYSTEMS LLC
30 VETERANS BLVD
KENNER LA 70062

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$555.00

Date or dates debt was incurred

4/15/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

3.16.	**Nonpriority creditor's name and mailing address**	**As of the petition filing date, the claim is:** *Check all that apply.*	**Amount of claim**
	ADVANCED CLINICAL LABORATORY 1405 AIRLINE DR METAIRIE LA 70001	☐ Contingent ☐ Unliquidated ☐ Disputed	$37.90
	Date or dates debt was incurred 5/1/2020	**Basis for the claim:** EMPLOYEE HEALTH CLAIM	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	

3.17.	**Nonpriority creditor's name and mailing address**	**As of the petition filing date, the claim is:** *Check all that apply.*	**Amount of claim**
	ADVANCED RECONSTRUCTIVE CARE L PO BOX 368 CHESTERLAND OH 44026	☐ Contingent ☐ Unliquidated ☐ Disputed	$64,228.29
	Date or dates debt was incurred 4/24/2020	**Basis for the claim:** EMPLOYEE HEALTH CLAIM	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	

3.18.	**Nonpriority creditor's name and mailing address**	**As of the petition filing date, the claim is:** *Check all that apply.*	**Amount of claim**
	AEROFLOW HEALTHCARE 3165 SWEETEN CREEK RD ASHEVILLE NC 28803	☐ Contingent ☐ Unliquidated ☐ Disputed	$174.76
	Date or dates debt was incurred 4/30/2020	**Basis for the claim:** EMPLOYEE HEALTH CLAIM	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

3.19. **Nonpriority creditor's name and mailing address**

AETNA LA BTER HLTH
PO BOX 842599
DALLAS TX 75284

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$1,821.58

Date or dates debt was incurred

4/30/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.20. **Nonpriority creditor's name and mailing address**

AETNA LA BTER HLTH
77 STARBRUSH CIR
COVINGTON LA 70433

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$370.00

Date or dates debt was incurred

4/30/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.21. **Nonpriority creditor's name and mailing address**

AHMAD SHANABLEH M D INC
824 AVENUE F
MARRERO LA 70072

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$21.03

Date or dates debt was incurred

4/30/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.22.	**Nonpriority creditor's name and mailing address** AIRHART, RICHARD Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed	**Amount of claim** $44.21
	Date or dates debt was incurred 5/1/2020	**Basis for the claim:** EMPLOYEE HEALTH CLAIM	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	

3.23.	**Nonpriority creditor's name and mailing address** ALARM, DETECTION AND SUPPRESSION SYSTEMS CONTRACTORS, LLC 30 VETERANS BLVD. KENNER LA 70003	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☑ Disputed	**Amount of claim** $3,668.00
	Date or dates debt was incurred 3/31/2020	**Basis for the claim:** TRADE PAYABLE	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	

3.24.	**Nonpriority creditor's name and mailing address** Name and Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☑ Contingent ☑ Unliquidated ☑ Disputed	**Amount of claim** UNDETERMINED
	Date or dates debt was incurred _____	**Basis for the claim:** UNRESOLVED CLAIM	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

3.25.	**Nonpriority creditor's name and mailing address** Name and Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☑ Contingent ☑ Unliquidated ☑ Disputed **Basis for the claim:** UNRESOLVED CLAIM **Is the claim subject to offset?** ☑ No ☐ Yes	**Amount of claim** UNDETERMINED
	Date or dates debt was incurred _____ **Last 4 digits of account number:**		
3.26.	**Nonpriority creditor's name and mailing address** ALEMAN-MANZANARES, WENDY M. Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** TRADE PAYABLE **Is the claim subject to offset?** ☑ No ☐ Yes	**Amount of claim** $375.00
	Date or dates debt was incurred 4/29/2020 **Last 4 digits of account number:**		
3.27.	**Nonpriority creditor's name and mailing address** ALFORTISH, TODD Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** TRADE PAYABLE **Is the claim subject to offset?** ☑ No ☐ Yes	**Amount of claim** $100.00
	Date or dates debt was incurred 1/14/2020 **Last 4 digits of account number:**		

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

3.28.	**Nonpriority creditor's name and mailing address** ALGIERS NEUROBEHAVIORAL RESOURCE 2401 WESTBEND PARKWAY #3044 NEW ORLEANS LA 70114	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☑ Disputed **Basis for the claim:** EMPLOYEE HEALTH CLAIM **Is the claim subject to offset?** ☑ No ☐ Yes	**Amount of claim** $200.00 **Date or dates debt was incurred** 3/17/2020 **Last 4 digits of account number:**
3.29.	**Nonpriority creditor's name and mailing address** ALL SPORT SALES 1100 24TH STREET SUITE U KENNER LA 70062	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☑ Disputed **Basis for the claim:** TRADE PAYABLE **Is the claim subject to offset?** ☑ No ☐ Yes	**Amount of claim** $1,277.15 **Date or dates debt was incurred** 4/2/2020 **Last 4 digits of account number:**
3.30.	**Nonpriority creditor's name and mailing address** ALL STAR ELECTRIC, INC. 1208 BERT STREET LAPLACE LA 70068	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☑ Disputed **Basis for the claim:** TRADE PAYABLE **Is the claim subject to offset?** ☑ No ☐ Yes	**Amount of claim** $4,000.00 **Date or dates debt was incurred** 1/1/2020 **Last 4 digits of account number:**

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

3.31.	**Nonpriority creditor's name and mailing address** ALLEN, BRIANNA Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed	**Amount of claim** $50.00
	Date or dates debt was incurred 4/17/2020	**Basis for the claim:** TRADE PAYABLE	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	

3.32.	**Nonpriority creditor's name and mailing address** ALLMED HEALTHCARE MANAGEMENT STE 1400 111 SE 5TH AVE PORTLAND OR 97204	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed	**Amount of claim** $200.00
	Date or dates debt was incurred 4/30/2020	**Basis for the claim:** EMPLOYEE HEALTH CLAIM	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	

3.33.	**Nonpriority creditor's name and mailing address** ALLSTATE SUGAR BOWL CHAPTER NATIONAL FOOTBALL FOUNDATION / HALL OF FAME 1500 SUGAR BOWL DRIVE NEW ORLEANS LA 70112	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed	**Amount of claim** $300.00
	Date or dates debt was incurred 3/13/2020	**Basis for the claim:** TRADE PAYABLE	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

3.34.	**Nonpriority creditor's name and mailing address** ALMENDRARES, BLANCA Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed	**Amount of claim** $90.00
	Date or dates debt was incurred 3/17/2020	**Basis for the claim:** TRADE PAYABLE	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	
3.35.	**Nonpriority creditor's name and mailing address** ALONSO, KATHLEEN Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed	**Amount of claim** $75.00
	Date or dates debt was incurred 4/22/2020	**Basis for the claim:** TRADE PAYABLE	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	
3.36.	**Nonpriority creditor's name and mailing address** ALONZO, LAUREL Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed	**Amount of claim** $23.49
	Date or dates debt was incurred 3/11/2020	**Basis for the claim:** TRADE PAYABLE	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

3.37. **Nonpriority creditor's name and mailing address**

ALVIAR, PHILIP
Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$460.00

Date or dates debt was incurred

4/7/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.38. **Nonpriority creditor's name and mailing address**

AMERICAN CATHOLIC HISTORICAL ASSOC.
MOUNT ST MARY'S UNIVERSITY
16300 OLD EMMITSBURG RD
EMMITSBURG MD 21727

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$60.00

Date or dates debt was incurred

12/3/2019

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.39. **Nonpriority creditor's name and mailing address**

AMERICAN CRESCENT ELEVATOR CORP.
P O BOX 1047
ST ROSE LA 70087

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$125.00

Date or dates debt was incurred

4/24/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.40.	**Nonpriority creditor's name and mailing address** AMERIGROUP LA PO BOX 28147 NEW YORK NY 10087	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed	**Amount of claim** $33,794.39
	Date or dates debt was incurred 4/24/2020	**Basis for the claim:** EMPLOYEE HEALTH CLAIM	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	

3.41.	**Nonpriority creditor's name and mailing address** ANDERSON, JENNIFER Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed	**Amount of claim** $395.00
	Date or dates debt was incurred 12/3/2019	**Basis for the claim:** TRADE PAYABLE	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	

3.42.	**Nonpriority creditor's name and mailing address** Name and Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed	**Amount of claim** $18,000.00
	Date or dates debt was incurred _____	**Basis for the claim:** PAYABLE	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

3.43.	**Nonpriority creditor's name and mailing address** ANTHONY TRENTACOSTE DDS 900 N CAUSEWAY BLVD METAIRIE LA 70001	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed	**Amount of claim** $130.00
	Date or dates debt was incurred 3/17/2020	**Basis for the claim:** EMPLOYEE HEALTH CLAIM	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	
3.44.	**Nonpriority creditor's name and mailing address** AQUATIC SPECIALTIES 2109 33RD ST. UNIT C KENNER LA 70065	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed	**Amount of claim** $150.00
	Date or dates debt was incurred 4/29/2020	**Basis for the claim:** TRADE PAYABLE	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	
3.45.	**Nonpriority creditor's name and mailing address** ARCHDIOCESAN SPIRITUALITY CENTER 2501 MAINE AVE. METAIRIE LA 70003	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed	**Amount of claim** $2,916.67
	Date or dates debt was incurred 4/27/2020	**Basis for the claim:** TRADE PAYABLE	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	

3.46. **Nonpriority creditor's name and mailing address**

ARCHDIOCESE OF NEW ORLEANS INDEMNITY COMPANY
7887 WALMSLEY AVE
NEW ORLEANS LA 70125

Date or dates debt was incurred

_____

Last 4 digits of account number:

As of the petition filing date, the claim is: *Check all that apply.*

- ☑ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

REVOLVING LINE OF CREDIT

Is the claim subject to offset?

- ☐ No
- ☑ Yes

Amount of claim

UNDETERMINED

3.47. **Nonpriority creditor's name and mailing address**

ARCHDIOCESE OF OKLAHOMA
P O BOX 32180
OKLAHOMA CITY OK 73123

Date or dates debt was incurred

4/22/2020

Last 4 digits of account number:

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

TRADE PAYABLE

Is the claim subject to offset?

- ☑ No
- ☐ Yes

Amount of claim

$425.00

3.48. **Nonpriority creditor's name and mailing address**

ARCHER CHIROPRACTIC CENTER LLC
4220 CANAL ST
NEW ORLEANS LA 70119

Date or dates debt was incurred

5/1/2020

Last 4 digits of account number:

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Is the claim subject to offset?

- ☑ No
- ☐ Yes

Amount of claim

$28.36

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: *Check all that apply.*	Amount of claim
3.49.	ARMENTOR SERVICE CENTER 3503 NORTHSIDE RD NEW IBERIA LA 70563	☐ Contingent ☐ Unliquidated ☐ Disputed	$75.00
	Date or dates debt was incurred VARIOUS	**Basis for the claim:** REFUND	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	

	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: *Check all that apply.*	Amount of claim
3.50.	ARNOLD, STEFFANIE Address Intentionally Omitted	☐ Contingent ☐ Unliquidated ☐ Disputed	$22.00
	Date or dates debt was incurred 2/6/2020	**Basis for the claim:** TRADE PAYABLE	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	

	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: *Check all that apply.*	Amount of claim
3.51.	Name and Address Intentionally Omitted	☐ Contingent ☐ Unliquidated ☐ Disputed	$40.88
	Date or dates debt was incurred 9/20/2019	**Basis for the claim:** EMPLOYEE HEALTH CLAIM	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	

3.52. **Nonpriority creditor's name and mailing address**

ASSOCIATED SURGICAL SPECIALIST
350 LAKEVIEW CT STE A
COVINGTON LA 70433

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$24.09

Date or dates debt was incurred

4/30/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.53. **Nonpriority creditor's name and mailing address**

AT&T
P O BOX 105262
ATLANTA GA 30348-5262

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$271.73

Date or dates debt was incurred

1/21/2020

Basis for the claim:

UTILITY

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.54. **Nonpriority creditor's name and mailing address**

AT&T
P.O. BOX 105262
ATLANTA GA 30348-5262

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$155.03

Date or dates debt was incurred

4/19/2020

Basis for the claim:

UTILITY

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

3.55. **Nonpriority creditor's name and mailing address**

AT&T
P.O. BOX 78522
PHOENIX AZ 85062-8522

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$40.00

Date or dates debt was incurred

4/28/2020

Basis for the claim:

UTILITY

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.56. **Nonpriority creditor's name and mailing address**

AT&T MOBILITY
P.O. BOX 6463
CAROL STREAM IL 60197646

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$5,894.76

Date or dates debt was incurred

4/27/2020

Basis for the claim:

UTILITY

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.57. **Nonpriority creditor's name and mailing address**

AT&T MOBILITY
P.O.BOX 6463
CAROL STREAM IL 60197-6463

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$334.00

Date or dates debt was incurred

4/28/2020

Basis for the claim:

UTILITY

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.58. **Nonpriority creditor's name and mailing address**

ATMOS ENERGY
PO BOX 740353
CINCINATI OH 45274-0353

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$71.50

Date or dates debt was incurred

4/29/2020

Basis for the claim:

UTILITY

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.59. **Nonpriority creditor's name and mailing address**

ATMOS ENERGY 35
P. O. BOX 790311
ST. LOUIA MO 63179

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$29.15

Date or dates debt was incurred

4/15/2020

Basis for the claim:

UTILITY

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.60. **Nonpriority creditor's name and mailing address**

ATMOS ENERGY 51
P. O. BOX 790311
ST. LOUIA MO 63179

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$97.05

Date or dates debt was incurred

4/15/2020

Basis for the claim:

UTILITY

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.61. **Nonpriority creditor's name and mailing address**

ATMOS ENERGY LOUISIANA
P O BOX 740353
CINCINNATI OH 45274-0353

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$176.96

Date or dates debt was incurred

4/23/2020

Basis for the claim:

UTILITY

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.62. **Nonpriority creditor's name and mailing address**

ATMOS ENERGY LOUISIANA - LGS
PO BOX 790311
ST LOUIS MO 63179-0311

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$132.89

Date or dates debt was incurred

4/23/2020

Basis for the claim:

UTILITY

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.63. **Nonpriority creditor's name and mailing address**

ATMOS ENERGY LOUISIANA LGS
PO BOX 790311
ST. LOUIS MO 63179

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$345.37

Date or dates debt was incurred

9/1/2019

Basis for the claim:

UTILITY

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.64. **Nonpriority creditor's name and mailing address**

AUDUBON LIMOUSINE
941 DECATUR STREET - SUITE 301
NEW ORLEANS LA 70116

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$226.80

Date or dates debt was incurred

10/8/2019

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.65. **Nonpriority creditor's name and mailing address**

AUTOM
1013 VETERANS DRIVE
LEWISBURG TN 37091

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$66.46

Date or dates debt was incurred

2/12/2019

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.66. **Nonpriority creditor's name and mailing address**

AW DERMATOPATHOLOGY SERVICE
PO BOX 15259
NEW ORLEANS LA 70175

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$463.31

Date or dates debt was incurred

4/30/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.67. **Nonpriority creditor's name and mailing address**

AW DERMPATH SERVICE
PO BOX 15259
NEW ORLEANS LA 70175

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$135.00

Date or dates debt was incurred

1/2/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.68. **Nonpriority creditor's name and mailing address**

B4 TIME, INC
2043 SOUTH BEND AVE #296
SOUTH BEND IN 46637

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$527.10

Date or dates debt was incurred

4/1/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.69. **Nonpriority creditor's name and mailing address**

BALDWIN, STERLING
Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$276.94

Date or dates debt was incurred

4/15/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

3.70. **Nonpriority creditor's name and mailing address**

BALFOUR
P.O. BOX 55520
METAIRIE LA 70003

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☑ Disputed

Amount of claim

$3,801.03

Date or dates debt was incurred

4/16/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.71. **Nonpriority creditor's name and mailing address**

BALFOUR NEW ORLEANS, LLC
PO BOX 55520
METAIRIE LA 70055

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☑ Disputed

Amount of claim

$1,463.82

Date or dates debt was incurred

4/9/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.72. **Nonpriority creditor's name and mailing address**

BALL, JASON & AMIEE = GUFFEY, BILLIE = JACE
Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$2,470.00

Date or dates debt was incurred

1/13/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

3.73. **Nonpriority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☑ Contingent
☑ Unliquidated
☑ Disputed

Amount of claim

UNDETERMINED

Date or dates debt was incurred

_____

Basis for the claim:

UNRESOLVED CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.74. **Nonpriority creditor's name and mailing address**

BAPTISTE, ANGELA
Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$501.78

Date or dates debt was incurred

4/27/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.75. **Nonpriority creditor's name and mailing address**

BARBAY, PAIGE
Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$79.59

Date or dates debt was incurred

4/17/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.76. **Nonpriority creditor's name and mailing address**

BARCLAYS
P O BOX 60517
CITY OF INDUSTRY CA 91716

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$122.39

Date or dates debt was incurred

4/27/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.77. **Nonpriority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$1.03

Date or dates debt was incurred

4/5/2019

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.78. **Nonpriority creditor's name and mailing address**

BARRIENTOS, TRACI
Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$75.00

Date or dates debt was incurred

4/24/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.79. **Nonpriority creditor's name and mailing address**

BAUDVILLE
5380 52ND STREET SE
GRAND RAPIDS MI 49512

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$44.94

Date or dates debt was incurred

4/27/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.80. **Nonpriority creditor's name and mailing address**

BAUTISTA, CHRISTIAN
Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$388.84

Date or dates debt was incurred

2/28/2019

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.81. **Nonpriority creditor's name and mailing address**

BAYARD, TAMMY
Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$350.00

Date or dates debt was incurred

5/1/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.82.	**Nonpriority creditor's name and mailing address** BAYOU URGENT CARE PO BOX 575714 MURRAY UT 84157	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed	**Amount of claim** $92.00
	Date or dates debt was incurred 4/30/2020	**Basis for the claim:** EMPLOYEE HEALTH CLAIM	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	

3.83.	**Nonpriority creditor's name and mailing address** BEHAN JR, J MICHAEL Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed	**Amount of claim** $20.00
	Date or dates debt was incurred 11/12/2019	**Basis for the claim:** TRADE PAYABLE	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	

3.84.	**Nonpriority creditor's name and mailing address** BELLE CHASSE EMERGENCY GROUP L PO BOX 731587 DALLAS TX 75373	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed	**Amount of claim** $8,059.34
	Date or dates debt was incurred 4/30/2020	**Basis for the claim:** EMPLOYEE HEALTH CLAIM	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	

3.85.	**Nonpriority creditor's name and mailing address** BENDER IV, THOMAS B NOTRE DAME SEMINARY Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed	**Amount of claim** $100.00
	Date or dates debt was incurred 3/17/2020	**Basis for the claim:** TRADE PAYABLE	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	

3.86.	**Nonpriority creditor's name and mailing address** BENJAMIN GUIDRY MD LLC DBA RET PO BOX 23505 BELFAST ME 04915	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed	**Amount of claim** $1,612.03
	Date or dates debt was incurred 5/1/2020	**Basis for the claim:** EMPLOYEE HEALTH CLAIM	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	

3.87.	**Nonpriority creditor's name and mailing address** BENNETT'S PHOTO 3230 SEVERN AVE. METAIRIE LA 70002	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed	**Amount of claim** $374.23
	Date or dates debt was incurred 4/24/2020	**Basis for the claim:** TRADE PAYABLE	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	

3.88.	**Nonpriority creditor's name and mailing address** BENSON, REV JOSEPH ST JOHN VIANNEY VILLA Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed	**Amount of claim** $321.00
	Date or dates debt was incurred 3/31/2020	**Basis for the claim:** TRADE PAYABLE	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	

3.89.	**Nonpriority creditor's name and mailing address** BERAULT, GREGORY L Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed	**Amount of claim** $74.82
	Date or dates debt was incurred 4/24/2020	**Basis for the claim:** EMPLOYEE HEALTH CLAIM	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	

3.90.	**Nonpriority creditor's name and mailing address** BERGERON, JOHN Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed	**Amount of claim** $18.43
	Date or dates debt was incurred 9/23/2019	**Basis for the claim:** TRADE PAYABLE	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

3.91.	**Nonpriority creditor's name and mailing address** Name and Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☑ Contingent ☑ Unliquidated ☑ Disputed **Basis for the claim:** PENDING LITIGATION **Is the claim subject to offset?** ☑ No ☐ Yes	**Amount of claim** UNDETERMINED
	Date or dates debt was incurred _____		
	Last 4 digits of account number:		
3.92.	**Nonpriority creditor's name and mailing address** Name and Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☑ Contingent ☑ Unliquidated ☑ Disputed **Basis for the claim:** PENDING LITIGATION **Is the claim subject to offset?** ☑ No ☐ Yes	**Amount of claim** UNDETERMINED
	Date or dates debt was incurred _____		
	Last 4 digits of account number:		
3.93.	**Nonpriority creditor's name and mailing address** Name and Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☑ Contingent ☑ Unliquidated ☑ Disputed **Basis for the claim:** PENDING LITIGATION **Is the claim subject to offset?** ☑ No ☐ Yes	**Amount of claim** UNDETERMINED
	Date or dates debt was incurred _____		
	Last 4 digits of account number:		

3.94.	**Nonpriority creditor's name and mailing address** BERTUCCI, PETER C Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed	**Amount of claim** $30.00
	Date or dates debt was incurred 3/1/2020	**Basis for the claim:** TRADE PAYABLE	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	

3.95.	**Nonpriority creditor's name and mailing address** BIANCHINI ESTEVE STE 3 2901 N I 10 SERVICE RD E METAIRIE LA 70002	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed	**Amount of claim** $60.00
	Date or dates debt was incurred 5/1/2020	**Basis for the claim:** EMPLOYEE HEALTH CLAIM	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	

3.96.	**Nonpriority creditor's name and mailing address** BIOREFERENCE LABORATORIES, INC 481 EDWARD H ROSS DR ELMWOOD PARK NJ 07407	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed	**Amount of claim** $3.39
	Date or dates debt was incurred 4/30/2020	**Basis for the claim:** EMPLOYEE HEALTH CLAIM	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	

3.97. **Nonpriority creditor's name and mailing address**

BISHOP FERNAND J CHERI III OFM
7887 WALMSLEY AVE
NEW ORLEANS LA 70125

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$231.61

Date or dates debt was incurred

4/18/2020

Basis for the claim:

EXPENSE REIMBURSEMENT

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.98. **Nonpriority creditor's name and mailing address**

BLACKBAUD, INC.
P.O. BOX 930256
ATLANTA GA 31193-0256

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$449.50

Date or dates debt was incurred

4/15/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.99. **Nonpriority creditor's name and mailing address**

BLACKBAUD, INC.
PO BOX 930256
ATLANTA GA 31193

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$35,392.00

Date or dates debt was incurred

4/30/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: *Check all that apply.*	Amount of claim
3.100.	BLESSED FRANCIS XAVIER SEELOS 3037 DAUPHINE STREET NEW ORLEANS LA 70117-6724	☐ Contingent ☐ Unliquidated ☐ Disputed	$689.00
	Date or dates debt was incurred 4/27/2020	**Basis for the claim:** TRADE PAYABLE	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	

	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: *Check all that apply.*	Amount of claim
3.101.	BLESSED TRINITY PARISH 4230 S BROAD STREET NEW ORLEANS LA 70125	☐ Contingent ☐ Unliquidated ☑ Disputed	$2,515.00
	Date or dates debt was incurred 4/27/2020	**Basis for the claim:** TRADE PAYABLE	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	

	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: *Check all that apply.*	Amount of claim
3.102.	BOHNENSTIEHL ELECTRIC, INC. 810 JEFFERSON HWY JEFFERSON LA 70121	☐ Contingent ☐ Unliquidated ☐ Disputed	$199.50
	Date or dates debt was incurred 4/29/2020	**Basis for the claim:** TRADE PAYABLE	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

3.103.	**Nonpriority creditor's name and mailing address** BOLOGNA, SUZY Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** TRADE PAYABLE **Is the claim subject to offset?** ☑ No ☐ Yes	**Amount of claim** $48.26
	Date or dates debt was incurred 3/11/2020 **Last 4 digits of account number:**		
3.104.	**Nonpriority creditor's name and mailing address** BONAM, WALTER OFFICE OF RELIGIOUS EDUCATION Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** TRADE PAYABLE **Is the claim subject to offset?** ☑ No ☐ Yes	**Amount of claim** $8.75
	Date or dates debt was incurred 2/18/2020 **Last 4 digits of account number:**		
3.105.	**Nonpriority creditor's name and mailing address** BONNET, DEBORAH Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** TRADE PAYABLE **Is the claim subject to offset?** ☑ No ☐ Yes	**Amount of claim** $75.00
	Date or dates debt was incurred 4/22/2020 **Last 4 digits of account number:**		

3.106. **Nonpriority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☑ Contingent
☑ Unliquidated
☑ Disputed

Amount of claim

UNDETERMINED

Date or dates debt was incurred

_____

Basis for the claim:

UNRESOLVED CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.107. **Nonpriority creditor's name and mailing address**

BOURGEOIS, FAITH
Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$50.00

Date or dates debt was incurred

4/17/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.108. **Nonpriority creditor's name and mailing address**

BOURGEOIS, OWEN
Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$50.00

Date or dates debt was incurred

4/17/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.109.	**Nonpriority creditor's name and mailing address** BOWMAN, PAUL Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed	**Amount of claim** $450.00
	Date or dates debt was incurred 4/30/2020	**Basis for the claim:** TRADE PAYABLE	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	

3.110.	**Nonpriority creditor's name and mailing address** BRADLY, J MICHAEL Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed	**Amount of claim** $90.00
	Date or dates debt was incurred 4/30/2020	**Basis for the claim:** EMPLOYEE HEALTH CLAIM	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	

3.111.	**Nonpriority creditor's name and mailing address** BRANCH SENIOR, HARRIS Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed	**Amount of claim** $869.00
	Date or dates debt was incurred 4/27/2020	**Basis for the claim:** TRADE PAYABLE	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	

3.112.	**Nonpriority creditor's name and mailing address** BRANDON'S BEE REMOVAL SERVICES, LLC 6134 BELLAIRE DR. NEW ORLEANS LA 70124	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed	**Amount of claim** $489.00
	Date or dates debt was incurred 3/5/2020	**Basis for the claim:** TRADE PAYABLE	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	

3.113.	**Nonpriority creditor's name and mailing address** BRAUD, REV RONALD Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed	**Amount of claim** $699.82
	Date or dates debt was incurred 4/25/2020	**Basis for the claim:** TRADE PAYABLE	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	

3.114.	**Nonpriority creditor's name and mailing address** BRENDAN JOSEPH DAVID SPECIAL NEEDS TRUST 101 GRANDE MAISON MANDEVILLE LA 70471	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed	**Amount of claim** $205.00
	Date or dates debt was incurred 2/12/2020	**Basis for the claim:** TRADE PAYABLE	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	

3.115. **Nonpriority creditor's name and mailing address**

BRIAN L FONG, M.D., INC
2965 GAUSE BLVD E STE A
SLIDELL LA 70461

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$30.73

Date or dates debt was incurred

5/1/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.116. **Nonpriority creditor's name and mailing address**

BROTHERS PH D, SCOTT
5801 CITRUS BLVD ROOM 103
NEW ORLEANS LA 70123

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$280.00

Date or dates debt was incurred

4/27/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.117. **Nonpriority creditor's name and mailing address**

BROUSSE, ROBERT G
Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$23.83

Date or dates debt was incurred

4/30/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.118. **Nonpriority creditor's name and mailing address**

BSN SPORTS
P O BOX 660176
DALLAS TX 75266

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☑ Disputed

Amount of claim

$9,386.03

Date or dates debt was incurred

4/17/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

- ☑ No
- ☐ Yes

3.119. **Nonpriority creditor's name and mailing address**

BUBBA GUMP SHRIMP COMPANY
6000 UNIVERSAL BLVD. SUITE 735
ORLANDO FL 32819

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☑ Disputed

Amount of claim

$1,024.80

Date or dates debt was incurred

3/1/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

- ☑ No
- ☐ Yes

3.120. **Nonpriority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

- ☑ Contingent
- ☑ Unliquidated
- ☑ Disputed

Amount of claim

UNDETERMINED

Date or dates debt was incurred

_____

Basis for the claim:

UNRESOLVED CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

- ☑ No
- ☐ Yes

3.121. **Nonpriority creditor's name and mailing address**

BULTMAN, DOUGLAS & KAREN = HOLLY(11) = LINDSAY(10)
76 RIVER BLUFF DRIVE
MADISONVILLE LA 70447

Date or dates debt was incurred

4/2/2020

Last 4 digits of account number:

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

TRADE PAYABLE

Is the claim subject to offset?

☑ No
☐ Yes

Amount of claim

$20.00

3.122. **Nonpriority creditor's name and mailing address**

Name and Address Intentionally Omitted

Date or dates debt was incurred

_____

Last 4 digits of account number:

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

PAYABLE

Is the claim subject to offset?

☑ No
☐ Yes

Amount of claim

UNDETERMINED

3.123. **Nonpriority creditor's name and mailing address**

BURMASTER DDS, MARIA
2272 BARATARIA BLVD
MARRERO LA 70072

Date or dates debt was incurred

3/11/2020

Last 4 digits of account number:

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Is the claim subject to offset?

☑ No
☐ Yes

Amount of claim

$635.00

3.124. **Nonpriority creditor's name and mailing address**

BYRAM HEALTHCARE CENTERS
PO BOX 277596
ATLANTA GA 30384

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$120.00

Date or dates debt was incurred

4/30/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.125. **Nonpriority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☑ Contingent
☑ Unliquidated
☑ Disputed

Amount of claim

UNDETERMINED

Date or dates debt was incurred

_____

Basis for the claim:

UNRESOLVED CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.126. **Nonpriority creditor's name and mailing address**

CAGE, RHONDA
Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$746.66

Date or dates debt was incurred

4/29/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.127. **Nonpriority creditor's name and mailing address**

CALAMARI, PAUL
Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$156.22

Date or dates debt was incurred

3/17/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.128. **Nonpriority creditor's name and mailing address**

CALKINS, REV MSGR ARTHUR B
Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$595.23

Date or dates debt was incurred

4/9/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.129. **Nonpriority creditor's name and mailing address**

CALKINS, REV RONALD L
Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$85.39

Date or dates debt was incurred

4/25/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: *Check all that apply.*	Amount of claim
3.130.	CALVARY BAPTIST 1615 OLD SPANISH TRAIL SLIDELL LA 70458	☐ Contingent ☐ Unliquidated ☐ Disputed	$17.60
	Date or dates debt was incurred 2/17/2020	**Basis for the claim:** TRADE PAYABLE	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	

	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: *Check all that apply.*	Amount of claim
3.131.	CALVARY BAPTIST CHURCH OF SHREVEPORT LOUISIANA 9333 LINWOOD AVE SHREVEPORT LA 71106	☐ Contingent ☐ Unliquidated ☐ Disputed	$17.60
	Date or dates debt was incurred 3/13/2020	**Basis for the claim:** TRADE PAYABLE	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	

	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: *Check all that apply.*	Amount of claim
3.132.	CAMELLIA CITY OBSTETRICS GYN 1150 ROBERT BLVD STE 360 SLIDELL LA 70458	☐ Contingent ☐ Unliquidated ☐ Disputed	$238.98
	Date or dates debt was incurred 4/30/2020	**Basis for the claim:** EMPLOYEE HEALTH CLAIM	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

3.133. **Nonpriority creditor's name and mailing address**

CANON FINANCIAL SERVICES
14904 COLLECTIONS CENTER DRIVE
CHICAGO IL 60693-0149

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☑ Disputed

Amount of claim

$2,663.43

Date or dates debt was incurred

4/12/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.134. **Nonpriority creditor's name and mailing address**

CANTONES, REV JOEL
OUR LADY OF THE HOLY ROSARY PARISH
Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$174.25

Date or dates debt was incurred

4/20/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.135. **Nonpriority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☑ Contingent
☑ Unliquidated
☑ Disputed

Amount of claim

UNDETERMINED

Date or dates debt was incurred

_____

Basis for the claim:

UNRESOLVED CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.136. **Nonpriority creditor's name and mailing address**

CAPITAL CITY PRESS
P.O. BOX 613
BATON ROUGE LA 70821-0613

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$495.00

Date or dates debt was incurred

3/17/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.137. **Nonpriority creditor's name and mailing address**

CAPITAL MEDICAL CLINIC
P O BOX 1329
SAN ANTONIO TX 78295-1329

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$15.00

Date or dates debt was incurred

4/9/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.138. **Nonpriority creditor's name and mailing address**

CAPITELLI & WICKER
1100 POYDRAS STREET
NEW ORLEANS LA 70163

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$3,757.50

Date or dates debt was incurred

4/22/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.139. **Nonpriority creditor's name and mailing address**

CAPLAN EYE CLINIC
3409 N HULLEN ST STE 100
METAIRIE LA 70002

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$58.97

Date or dates debt was incurred

5/1/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.140. **Nonpriority creditor's name and mailing address**

CAPPO, HELLEN
Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$94.50

Date or dates debt was incurred

4/30/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.141. **Nonpriority creditor's name and mailing address**

CARBONITE INC.
DEPT CH 17997
PALATINE IL 60055-7997

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$340.70

Date or dates debt was incurred

4/23/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.142. **Nonpriority creditor's name and mailing address**

CARDIOLOGY SPECIALISTS OF ACAD
PO BOX 81398 OF ACADIANA
LAFAYETTE LA 70598

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$25.58

Date or dates debt was incurred

4/30/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.143. **Nonpriority creditor's name and mailing address**

CARDIOVASCULAR INSTITUTE OF NE
68 CUMBERLAND ST STE 103
WOONSOCKET RI 02895

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$11.00

Date or dates debt was incurred

4/30/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.144. **Nonpriority creditor's name and mailing address**

CARE PHYSICAL THERAPY
129 CORPORATE DR
COVINGTON LA 70433

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$2,441.58

Date or dates debt was incurred

4/17/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

3.145.	**Nonpriority creditor's name and mailing address** CARUSO, ANNA Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** EMPLOYEE HEALTH CLAIM **Is the claim subject to offset?** ☑ No ☐ Yes	**Amount of claim** $450.00
	Date or dates debt was incurred 5/1/2020		
	Last 4 digits of account number:		
3.146.	**Nonpriority creditor's name and mailing address** CASBORN, TRACY Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** TRADE PAYABLE **Is the claim subject to offset?** ☑ No ☐ Yes	**Amount of claim** $350.00
	Date or dates debt was incurred 11/20/2019		
	Last 4 digits of account number:		
3.147.	**Nonpriority creditor's name and mailing address** CASHMAN, CYNTHIA Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** EMPLOYEE HEALTH CLAIM **Is the claim subject to offset?** ☑ No ☐ Yes	**Amount of claim** $177.44
	Date or dates debt was incurred 4/30/2020		
	Last 4 digits of account number:		

3.148.	**Nonpriority creditor's name and mailing address** CASTRO, ASHLEIGH Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed	**Amount of claim** $380.00
	Date or dates debt was incurred 4/30/2020	**Basis for the claim:** EMPLOYEE HEALTH CLAIM	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	

3.149.	**Nonpriority creditor's name and mailing address** CATHOLIC BOOK STORE 3003 S. CARROLLTON AVE. NEW ORLEANS LA 70118	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed	**Amount of claim** $50.00
	Date or dates debt was incurred 4/27/2020	**Basis for the claim:** TRADE PAYABLE	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	

3.150.	**Nonpriority creditor's name and mailing address** CATHOLIC RELIEF SERVICES P O BOX 17090 BALTIMORE MD 21297-0303	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed	**Amount of claim** $300.00
	Date or dates debt was incurred 3/10/2020	**Basis for the claim:** TRADE PAYABLE	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

3.151.	**Nonpriority creditor's name and mailing address** CATHOLIC SCHOOL SOLUTIONS COMPANY 105 WHISPER TRACE PEACHTREE CITY GA 30269 **Date or dates debt was incurred** 4/24/2020 **Last 4 digits of account number:**	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☑ Disputed **Basis for the claim:** TRADE PAYABLE **Is the claim subject to offset?** ☑ No ☐ Yes	**Amount of claim** $900.00
3.152.	**Nonpriority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:**	**As of the petition filing date, the claim is:** *Check all that apply.* ☑ Contingent ☑ Unliquidated ☑ Disputed **Basis for the claim:** PENDING LITIGATION **Is the claim subject to offset?** ☑ No ☐ Yes	**Amount of claim** UNDETERMINED
3.153.	**Nonpriority creditor's name and mailing address** CEASAR, BARBARA Address Intentionally Omitted **Date or dates debt was incurred** 4/22/2020 **Last 4 digits of account number:**	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** TRADE PAYABLE **Is the claim subject to offset?** ☑ No ☐ Yes	**Amount of claim** $75.00

3.154. **Nonpriority creditor's name and mailing address**

CELENTANO MD, RICHARD
1100 LAKEVIEW LANE SUITE 200
COVINGTON LA 70433

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$286.00

Date or dates debt was incurred

4/17/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.155. **Nonpriority creditor's name and mailing address**

CELINO, MARIE
Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$75.00

Date or dates debt was incurred

4/22/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.156. **Nonpriority creditor's name and mailing address**

CERRATO MD, CIRO
3409 WILLIAMS BLVD STE 10
KENNER LA 70065

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$94.32

Date or dates debt was incurred

4/30/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.157. **Nonpriority creditor's name and mailing address**

CHAPITAL CARDIOLOGY CLINIC
1221 N BROAD
NEW ORLEANS LA 70119

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$928.23

Date or dates debt was incurred

4/30/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.158. **Nonpriority creditor's name and mailing address**

CHARLES, TIMOTHY
Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$2,974.50

Date or dates debt was incurred

4/15/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.159. **Nonpriority creditor's name and mailing address**

CHASE CARDMEMBER SERVICES
PO BOX 6294
CAROL STREAM IL 60197-6294

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$549.55

Date or dates debt was incurred

4/23/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.160. **Nonpriority creditor's name and mailing address**

Name and Address Intentionally Omitted

Date or dates debt was incurred

_____

Last 4 digits of account number:

As of the petition filing date, the claim is: *Check all that apply.*

- ☑ Contingent
- ☑ Unliquidated
- ☑ Disputed

Basis for the claim:

UNRESOLVED CLAIM

Is the claim subject to offset?

- ☑ No
- ☐ Yes

Amount of claim

UNDETERMINED

3.161. **Nonpriority creditor's name and mailing address**

CHATEAU DE NOTRE DAME
ALLIED UNIVERSAL
2832 BURDETTE STREET
NEW ORLEANS LA 70125

Date or dates debt was incurred

2/4/2020, 4/2/2020

Last 4 digits of account number:

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☑ Disputed

Basis for the claim:

TRADE PAYABLE

Is the claim subject to offset?

- ☑ No
- ☐ Yes

Amount of claim

$3,281.85

3.162. **Nonpriority creditor's name and mailing address**

CHERI H LEBLANC MD LLC
PO BOX 18172
BALFAST ME 04915

Date or dates debt was incurred

4/17/2020

Last 4 digits of account number:

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Is the claim subject to offset?

- ☑ No
- ☐ Yes

Amount of claim

$70.56

3.163.	**Nonpriority creditor's name and mailing address** Name and Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☑ Contingent ☑ Unliquidated ☑ Disputed **Basis for the claim:** UNRESOLVED CLAIM **Is the claim subject to offset?** ☑ No ☐ Yes	**Amount of claim** UNDETERMINED
	Date or dates debt was incurred _____		
	Last 4 digits of account number:		
3.164.	**Nonpriority creditor's name and mailing address** Name and Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☑ Contingent ☑ Unliquidated ☑ Disputed **Basis for the claim:** UNRESOLVED CLAIM **Is the claim subject to offset?** ☑ No ☐ Yes	**Amount of claim** UNDETERMINED
	Date or dates debt was incurred _____		
	Last 4 digits of account number:		
3.165.	**Nonpriority creditor's name and mailing address** CHICK-FIL-A 69280 HIGHWAY 21 COVINGTON LA 70433	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** TRADE PAYABLE **Is the claim subject to offset?** ☑ No ☐ Yes	**Amount of claim** $172.94
	Date or dates debt was incurred 3/11/2020		
	Last 4 digits of account number:		

3.166. **Nonpriority creditor's name and mailing address**

CHILDRENS HOSPITAL
PO BOX 919228
DALLAS TX 75391

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$1,737.98

Date or dates debt was incurred

5/1/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.167. **Nonpriority creditor's name and mailing address**

CHILDRENS HOSPITAL ANESTHESIA
PO BOX 919211
DALLAS TX 75391

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$784.00

Date or dates debt was incurred

4/30/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.168. **Nonpriority creditor's name and mailing address**

CHIROPRACTIC CARE CLINIC
3715 WESTBANK EXPY STE 13
HARVEY LA 70058

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$126.00

Date or dates debt was incurred

3/27/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.169. **Nonpriority creditor's name and mailing address**

CHIROPRACTIC CLINIC OF GRETNA
1525 LAPALCO BLVD SUITE 12
HARVEY LA 70058

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$951.95

Date or dates debt was incurred

4/30/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.170. **Nonpriority creditor's name and mailing address**

CHISHOLM, COURTNEY
Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$172.46

Date or dates debt was incurred

4/16/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.171. **Nonpriority creditor's name and mailing address**

CHRIST THE KING SCHOOL
2106 DEERFIELD ROAD
TERRYTOWN LA 70056

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$215.00

Date or dates debt was incurred

3/18/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.172. **Nonpriority creditor's name and mailing address**

CHURCH SUPPLY HOUSE
P O BOX 8544
METAIRIE LA 70011

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$36.12

Date or dates debt was incurred

4/16/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.173. **Nonpriority creditor's name and mailing address**

CHURCH SUPPLY HOUSE
P.O. 8544
METAIRIE LA 70011-8544

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$53.65

Date or dates debt was incurred

2/27/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.174. **Nonpriority creditor's name and mailing address**

CIS HOUMA
PO BOX 4176
HOUMA LA 70361

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$149.60

Date or dates debt was incurred

5/1/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.175. **Nonpriority creditor's name and mailing address**

CITI CARDS
P O BOX 78045
PHOENIX AZ 85062-8045

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☑ Disputed

Amount of claim

$2,999.37

Date or dates debt was incurred

4/21/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

- ☑ No
- ☐ Yes

3.176. **Nonpriority creditor's name and mailing address**

CITY OF COVINGTON
P.O. BOX 4057
COVINGTON LA 70434

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Amount of claim

$32.76

Date or dates debt was incurred

4/15/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

- ☑ No
- ☐ Yes

3.177. **Nonpriority creditor's name and mailing address**

CITY OF NEW ORLEANS
PO BOX 62948
NEW ORLEANS LA 70162

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☑ Disputed

Amount of claim

$1,736.00

Date or dates debt was incurred

4/30/2020

Basis for the claim:

UTILITY

Last 4 digits of account number:

Is the claim subject to offset?

- ☑ No
- ☐ Yes

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

3.178. **Nonpriority creditor's name and mailing address**

CITY OF SLIDELL
PO BOX 828
SLIDELL LA 70459-0828

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$187.67

Date or dates debt was incurred

4/30/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.179. **Nonpriority creditor's name and mailing address**

CITY PARK PHYSICAL THERAPY LLC
5559 CANAL BLVD
NEW ORLEANS LA 70124

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$60.00

Date or dates debt was incurred

5/1/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.180. **Nonpriority creditor's name and mailing address**

CLARION HERALD
P O BOX 53247
NEW ORLEANS LA 70153

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☑ Disputed

Amount of claim

$775.00

Date or dates debt was incurred

4/27/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.181. **Nonpriority creditor's name and mailing address**

CLINICAL PATHOLOGY LABS, INC
PO BOX 141669
AUSTIN TX 78714

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$30.08

Date or dates debt was incurred

5/1/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.182. **Nonpriority creditor's name and mailing address**

COACH COMM
205 TECHNOLOGY PKWY.
AUBURN AL 36830

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$379.35

Date or dates debt was incurred

4/24/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.183. **Nonpriority creditor's name and mailing address**

COASTAL URGENT CARE OF LOUISIA
PO BOX 12341
BELFAST ME 04915

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$85.00

Date or dates debt was incurred

4/30/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.184. **Nonpriority creditor's name and mailing address**

COCHRAN, BRIAN C
Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$387.00

Date or dates debt was incurred

4/17/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.185. **Nonpriority creditor's name and mailing address**

COLON AND RECTAL SURGERY
3100 GALLERIA DR STE 303
METAIRIE LA 70001

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$55.80

Date or dates debt was incurred

4/30/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.186. **Nonpriority creditor's name and mailing address**

COLVIN, MEDA
Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$5.00

Date or dates debt was incurred

4/8/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.187.	**Nonpriority creditor's name and mailing address** CORPORATE PHARMACY SERVICES INC P O BOX 1950 GADSEN AL 35902	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed	**Amount of claim** $420.27
	Date or dates debt was incurred 4/27/2020	**Basis for the claim:** EMPLOYEE HEALTH CLAIM	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	

3.188.	**Nonpriority creditor's name and mailing address** CORRECT CARE, INC 229 SAINT JOHN COVINGTON LA 70433	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed	**Amount of claim** $168.41
	Date or dates debt was incurred 4/30/2020	**Basis for the claim:** EMPLOYEE HEALTH CLAIM	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	

3.189.	**Nonpriority creditor's name and mailing address** CORRINE SHELTON PO BOX 6744 NEW ORLEANS LA 70174	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed	**Amount of claim** $397.95
	Date or dates debt was incurred 4/17/2020	**Basis for the claim:** EMPLOYEE HEALTH CLAIM	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	

	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: *Check all that apply.*	Amount of claim
3.190.	CORVUS OF NEW ORLEANS, LLC 815 W WEED STREET CHICAGO IL 60642	☐ Contingent ☐ Unliquidated ☐ Disputed	$2,276.00
	Date or dates debt was incurred 4/1/2020	**Basis for the claim:** EMPLOYEE HEALTH CLAIM	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	

	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: *Check all that apply.*	Amount of claim
3.191.	CORWIN A. THOMAS, FACC FASNC F 802 E FARREL RD LAFAYETTE LA 70508	☐ Contingent ☐ Unliquidated ☐ Disputed	$85.33
	Date or dates debt was incurred 5/1/2020	**Basis for the claim:** EMPLOYEE HEALTH CLAIM	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	

	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: *Check all that apply.*	Amount of claim
3.192.	COUHIG PARTNERS 1100 POYDRAS STREET SUITE 3250 NEW ORLEANS LA 70163	☐ Contingent ☐ Unliquidated ☐ Disputed	$500,000.00
	Date or dates debt was incurred _____	**Basis for the claim:** LEGAL FEES	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

3.193. **Nonpriority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☑ Contingent
☑ Unliquidated
☑ Disputed

Amount of claim

$_____

Date or dates debt was incurred

_____

Basis for the claim:

UNRESOLVED CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.194. **Nonpriority creditor's name and mailing address**

COX BUSINESS
P O BOX 919292
DALLAS TX 75391-9292

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☑ Disputed

Amount of claim

$1,150.97

Date or dates debt was incurred

4/9/2020

Basis for the claim:

UTILITY

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.195. **Nonpriority creditor's name and mailing address**

COX COMMUNICATIONS
P. O. BOX 9001080
LOUISVILLE KY 40290-1080

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☑ Disputed

Amount of claim

$887.87

Date or dates debt was incurred

4/29/2020

Basis for the claim:

UTILITY

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

3.196. **Nonpriority creditor's name and mailing address**

CREATIVE TEES
371 HWY 59
SUITE B
MANDEVILLE LA 70471

Date or dates debt was incurred

4/22/2020

Last 4 digits of account number:

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☑ Disputed

Basis for the claim:

TRADE PAYABLE

Is the claim subject to offset?

☑ No
☐ Yes

Amount of claim

$1,300.75

3.197. **Nonpriority creditor's name and mailing address**

CRESCENT CITY COUNSELING CENTER & ASSOCIATES, LLC
701 PAPWORTH AVE
SUITES 201 & 202
METAIRIE LA 70005

Date or dates debt was incurred

4/20/2020

Last 4 digits of account number:

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Is the claim subject to offset?

☑ No
☐ Yes

Amount of claim

$330.00

3.198. **Nonpriority creditor's name and mailing address**

CRESCENT CITY PHYSICIANS INC
PO BOX 919168
DALLAS TX 75391

Date or dates debt was incurred

5/1/2020

Last 4 digits of account number:

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Is the claim subject to offset?

☑ No
☐ Yes

Amount of claim

$153.31

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

3.199.	**Nonpriority creditor's name and mailing address** CRESCENT CITY SURGICAL CENTRE Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed	**Amount of claim** $5,097.12
	Date or dates debt was incurred 4/27/2020	**Basis for the claim:** EMPLOYEE HEALTH CLAIM	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	
3.200.	**Nonpriority creditor's name and mailing address** CRUMLEY, MARIA Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed	**Amount of claim** $169.18
	Date or dates debt was incurred 4/24/2020	**Basis for the claim:** EMPLOYEE HEALTH CLAIM	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	
3.201.	**Nonpriority creditor's name and mailing address** Name and Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☑ Contingent ☑ Unliquidated ☑ Disputed	**Amount of claim** UNDETERMINED
	Date or dates debt was incurred _____	**Basis for the claim:** UNRESOLVED CLAIM	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	

3.202.	**Nonpriority creditor's name and mailing address** CUTURA, GINA 65035 EASY STREET PEARL RIVER LA 70452	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** TRADE PAYABLE **Is the claim subject to offset?** ☑ No ☐ Yes	**Amount of claim** $18.63 **Date or dates debt was incurred** 4/3/2019 **Last 4 digits of account number:**
3.203.	**Nonpriority creditor's name and mailing address** DALTON, CHARLA Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** TRADE PAYABLE **Is the claim subject to offset?** ☑ No ☐ Yes	**Amount of claim** $21.55 **Date or dates debt was incurred** 2/1/2020 **Last 4 digits of account number:**
3.204.	**Nonpriority creditor's name and mailing address** Name and Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☑ Contingent ☑ Unliquidated ☑ Disputed **Basis for the claim:** UNRESOLVED CLAIM **Is the claim subject to offset?** ☑ No ☐ Yes	**Amount of claim** UNDETERMINED **Date or dates debt was incurred** _____ **Last 4 digits of account number:**

3.205. **Nonpriority creditor's name and mailing address**

DAUGHTERS OF CHARITY HEALTH CE
3201 S CARROLLTON AVE
ORLEANS LA 70118

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$34.29

Date or dates debt was incurred

4/30/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.206. **Nonpriority creditor's name and mailing address**

DAVE, REV KYLE
OUR LADY OF PERPETUAL HELP
Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$200.00

Date or dates debt was incurred

3/11/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.207. **Nonpriority creditor's name and mailing address**

DAVIS, VERGIE
Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$75.00

Date or dates debt was incurred

4/22/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.208.	**Nonpriority creditor's name and mailing address** DEAN, DAVID Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed	**Amount of claim** $100.00
	Date or dates debt was incurred 3/9/2020	**Basis for the claim:** TRADE PAYABLE	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	

3.209.	**Nonpriority creditor's name and mailing address** Name and Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed	**Amount of claim** $35.00
	Date or dates debt was incurred 4/19/2019	**Basis for the claim:** EMPLOYEE HEALTH CLAIM	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	

3.210.	**Nonpriority creditor's name and mailing address** DELAUNE, MARCELLE Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed	**Amount of claim** $21.85
	Date or dates debt was incurred 2/1/2020	**Basis for the claim:** TRADE PAYABLE	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: *Check all that apply.*	Amount of claim
3.211.	DENNY, ROBYN Address Intentionally Omitted	☐ Contingent ☐ Unliquidated ☐ Disputed	$27.58
	Date or dates debt was incurred 4/29/2020	**Basis for the claim:** TRADE PAYABLE	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	

	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: *Check all that apply.*	Amount of claim
3.212.	DEPARTMENT OF PUBLIC SAFETY ATTN: DEBBIE SHADDINGER P O BOX 66909 BATON ROUGE LA 70896	☐ Contingent ☐ Unliquidated ☑ Disputed	$2,041.00
	Date or dates debt was incurred 4/16/2020	**Basis for the claim:** TRADE PAYABLE	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	

	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: *Check all that apply.*	Amount of claim
3.213.	DEPARTMENT OF TREASURY, IRS P.O. BOX 742562 CINCINNATI TN 38101-0069	☐ Contingent ☐ Unliquidated ☐ Disputed	$7.85
	Date or dates debt was incurred 4/13/2020	**Basis for the claim:** TRADE PAYABLE	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	

3.214. **Nonpriority creditor's name and mailing address**

DEPREO, EILEEN
Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$75.00

Date or dates debt was incurred

APRIL 2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.215. **Nonpriority creditor's name and mailing address**

DEPT OF CHILDREN AND FAMILY SERVICES
P. O. BOX 260222
BATON ROUGE LA 70826

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$52.50

Date or dates debt was incurred

12/24/2019

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.216. **Nonpriority creditor's name and mailing address**

DESALVO, MICHAEL
Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$87.00

Date or dates debt was incurred

4/30/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.217. **Nonpriority creditor's name and mailing address**

DESSELLE, REBECCA
Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$75.00

Date or dates debt was incurred

4/24/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.218. **Nonpriority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☑ Contingent
☑ Unliquidated
☑ Disputed

Amount of claim

UNDETERMINED

Date or dates debt was incurred

_____

Basis for the claim:

PENDING LITIGATION

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.219. **Nonpriority creditor's name and mailing address**

DIABETES METABOLISM ASSOCIATES
3901 HOUMA BLVD STE 103
METAIRIE LA 70006

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$25.82

Date or dates debt was incurred

4/30/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.220. **Nonpriority creditor's name and mailing address**

DIAGNOSTIC IMAGING SERVICES
SUITE 201 4241 VETERANS BLVD
METAIRIE LA 70006

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$902.79

Date or dates debt was incurred

4/30/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.221. **Nonpriority creditor's name and mailing address**

DKI OFFICE FURNITURE & SUPPLIES
5530 JEFFERSON HIGHWAY
HARAHAN LA 70123

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☑ Disputed

Amount of claim

$11,222.19

Date or dates debt was incurred

2/4/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.222. **Nonpriority creditor's name and mailing address**

DOCUCENTER
2033 N HIGHWAY 190
SUITE 2
COVINGTON LA 70433

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$140.00

Date or dates debt was incurred

2/29/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.223. **Nonpriority creditor's name and mailing address**

DOCUMART
5624 CITRUS BLVD.
HARAHAN LA 70123

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☑ Disputed

Amount of claim

$966.38

Date or dates debt was incurred

3/10/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

- ☑ No
- ☐ Yes

3.224. **Nonpriority creditor's name and mailing address**

DOERRIES INTERNATIONAL CO INC
P.O. BOX 594
KENNER LA 70063

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Amount of claim

$94.19

Date or dates debt was incurred

1/24/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

- ☑ No
- ☐ Yes

3.225. **Nonpriority creditor's name and mailing address**

DOIRON, CAROL
Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Amount of claim

$20.01

Date or dates debt was incurred

4/23/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

- ☑ No
- ☐ Yes

3.226.	**Nonpriority creditor's name and mailing address** DOMINGUEZ, ANNE Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed	**Amount of claim** $5.16
	Date or dates debt was incurred 2/22/2019	**Basis for the claim:** EMPLOYEE HEALTH CLAIM	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	

3.227.	**Nonpriority creditor's name and mailing address** DON R GUZZETTAAPC 4228 HOUMA BLVD STE 220 METAIRIE LA 70006	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed	**Amount of claim** $14.12
	Date or dates debt was incurred 4/30/2020	**Basis for the claim:** EMPLOYEE HEALTH CLAIM	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	

3.228.	**Nonpriority creditor's name and mailing address** DORSEY, REV DANIEL Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed	**Amount of claim** $41.61
	Date or dates debt was incurred 3/10/2020	**Basis for the claim:** TRADE PAYABLE	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	

3.229.	**Nonpriority creditor's name and mailing address** DOUCET, PEGGY Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** TRADE PAYABLE **Is the claim subject to offset?** ☑ No ☐ Yes	**Amount of claim** $40.02
	Date or dates debt was incurred 1/17/2020 **Last 4 digits of account number:**		
3.230.	**Nonpriority creditor's name and mailing address** DOUCET, PEGGY Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** TRADE PAYABLE **Is the claim subject to offset?** ☑ No ☐ Yes	**Amount of claim** $72.36
	Date or dates debt was incurred 4/17/2019 **Last 4 digits of account number:**		
3.231.	**Nonpriority creditor's name and mailing address** DOUSSAN, REV MSGR DOUGLAS Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** TRADE PAYABLE **Is the claim subject to offset?** ☑ No ☐ Yes	**Amount of claim** $49.70
	Date or dates debt was incurred 3/3/2020 **Last 4 digits of account number:**		

3.232. **Nonpriority creditor's name and mailing address**

DOW JONES AND COMPANY, INC
P.O. BOX 4137
NEW YORK NY 10261-4137

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$65.55

Date or dates debt was incurred

3/31/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.233. **Nonpriority creditor's name and mailing address**

DR DEBBI BARRETT HANNAN APC
101 CLEARVIEW PKWY
METAIRIE LA 70001

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$20.00

Date or dates debt was incurred

4/24/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.234. **Nonpriority creditor's name and mailing address**

DR KRISTIE CHIROPRACTIC
STE 103 1620 BELLE CHASE HWY
TERRYTOWN LA 70056

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$179.10

Date or dates debt was incurred

5/1/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: *Check all that apply.*	Amount of claim
3.235.	DR. JENNIFER R. GARRETT, LLC 1315 ANTONINE ST NEW ORLEANS LA 70115	☐ Contingent ☐ Unliquidated ☐ Disputed	$104.32
	Date or dates debt was incurred 4/30/2020	**Basis for the claim:** EMPLOYEE HEALTH CLAIM	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	

	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: *Check all that apply.*	Amount of claim
3.236.	DS FAMILY MEDICINE 56 STARBRUSH CIR COVINGTON LA 70433	☐ Contingent ☐ Unliquidated ☐ Disputed	$56.26
	Date or dates debt was incurred 4/30/2020	**Basis for the claim:** EMPLOYEE HEALTH CLAIM	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	

	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: *Check all that apply.*	Amount of claim
3.237.	DUMAS, JUNE Address Intentionally Omitted	☐ Contingent ☐ Unliquidated ☐ Disputed	$75.00
	Date or dates debt was incurred 4/22/2020	**Basis for the claim:** TRADE PAYABLE	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	

	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: *Check all that apply.*	Amount of claim
3.238.	DUMONT, JACOB FATHER Address Intentionally Omitted	☐ Contingent ☐ Unliquidated ☐ Disputed	$50.00
	Date or dates debt was incurred 1/17/2020	**Basis for the claim:** TRADE PAYABLE	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	

	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: *Check all that apply.*	Amount of claim
3.239.	DUO SECURITY, INC DEPT. LA 24804 PASADENA CA 91185-4804	☐ Contingent ☐ Unliquidated ☑ Disputed	$958.69
	Date or dates debt was incurred 3/23/2020	**Basis for the claim:** TRADE PAYABLE	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	

	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: *Check all that apply.*	Amount of claim
3.240.	Name and Address Intentionally Omitted	☑ Contingent ☑ Unliquidated ☑ Disputed	UNDETERMINED
	Date or dates debt was incurred _____	**Basis for the claim:** UNRESOLVED CLAIM	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	

3.241. **Nonpriority creditor's name and mailing address**

DURAMED INC
1015 24TH ST
KENNER LA 70062

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$89.92

Date or dates debt was incurred

4/30/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.242. **Nonpriority creditor's name and mailing address**

DURONCELAY, TAMIKA
Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$600.00

Date or dates debt was incurred

4/27/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.243. **Nonpriority creditor's name and mailing address**

DYNAMIC PHYSICAL THERAPY
653 MYRTLE DR
COVINGTON LA 70433

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$80.00

Date or dates debt was incurred

5/1/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

3.244.	**Nonpriority creditor's name and mailing address** EADS, MELANIE G. CPA, APC 413 MAGNOLIA LANE SLIDELL LA 70461	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed	**Amount of claim** $797.50
	Date or dates debt was incurred 4/28/2020	**Basis for the claim:** EMPLOYEE HEALTH CLAIM	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	
3.245.	**Nonpriority creditor's name and mailing address** EAGAN, QUINN Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed	**Amount of claim** $46.00
	Date or dates debt was incurred 4/15/2020	**Basis for the claim:** TRADE PAYABLE	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	
3.246.	**Nonpriority creditor's name and mailing address** EAGLE SECURITY SYSTEMS INC P O BOX 322 HARVEY LA 70059	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed	**Amount of claim** $123.00
	Date or dates debt was incurred 2/15/2020	**Basis for the claim:** TRADE PAYABLE	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	

3.247. **Nonpriority creditor's name and mailing address**

EARLY, PATRICIA
Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$2,682.50

Date or dates debt was incurred

4/15/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.248. **Nonpriority creditor's name and mailing address**

EAST JEFFERSON EMERGENCY
PO BOX 679525
DALLAS TX 75267

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$314.77

Date or dates debt was incurred

4/30/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.249. **Nonpriority creditor's name and mailing address**

EAST JEFFERSON GENERAL HOSPITA
PO BOX 975479
DALLAS TX 75397

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$2,585.99

Date or dates debt was incurred

5/1/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

3.250. **Nonpriority creditor's name and mailing address**

EAST JEFFERSON MEDICAL CLINIC
1308 WILLIAMS BLVD
KENNER LA 70062

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$134.32

Date or dates debt was incurred

4/30/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.251. **Nonpriority creditor's name and mailing address**

EAST ST. JOHN HIGH SCHOOL
#1 WILDCAT DR.
RESERVE LA 70084

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$50.00

Date or dates debt was incurred

10/23/2019

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.252. **Nonpriority creditor's name and mailing address**

EASYPERMIT POSTAGE
P.O. BOX 371874
PITTSBURGH PA 15250-7874

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$87.38

Date or dates debt was incurred

4/24/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.253. **Nonpriority creditor's name and mailing address**

EATEL
P.O. BOX 919251
DALLAS TX 75391-9251

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$53.58

Date or dates debt was incurred

4/1/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.254. **Nonpriority creditor's name and mailing address**

EBERLE, EDMOND
Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$105.00

Date or dates debt was incurred

12/3/2019

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.255. **Nonpriority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$130,000.00

Date or dates debt was incurred

3/20/2020

Basis for the claim:

SETTLEMENT

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.256.	**Nonpriority creditor's name and mailing address** EDGEPARK 1810 SUMMIT COMMERCE PARK TWINSBURG OH 44087	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed	**Amount of claim** $591.50
	Date or dates debt was incurred 4/30/2020	**Basis for the claim:** EMPLOYEE HEALTH CLAIM	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	

3.257.	**Nonpriority creditor's name and mailing address** EDWARDS, CYNTHIA Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed	**Amount of claim** $179.18
	Date or dates debt was incurred 4/30/2020	**Basis for the claim:** EMPLOYEE HEALTH CLAIM	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	

3.258.	**Nonpriority creditor's name and mailing address** EGAN HEALTHCARE OF PLAQUEMINES P O BOX 54548 NEW ORLEANS LA 70154	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed	**Amount of claim** $330.00
	Date or dates debt was incurred 4/30/2020	**Basis for the claim:** EMPLOYEE HEALTH CLAIM	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	

3.259. **Nonpriority creditor's name and mailing address**

EISENHARDT, MARIA M
Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$258.04

Date or dates debt was incurred

3/10/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.260. **Nonpriority creditor's name and mailing address**

ELLIOT, CAROLE
OFFICE OF CATHOLIC SCHOOLS
Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$759.11

Date or dates debt was incurred

12/12/2019

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.261. **Nonpriority creditor's name and mailing address**

EMERIL'S
800 TCHOUPITOULAS ST
NEW ORLEANS LA 70130

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$100.00

Date or dates debt was incurred

12/18/2019

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.262. **Nonpriority creditor's name and mailing address**

ENDOCRINOLOGY AND DIABETES ASS
1111 MEDICAL CENTER BLVD
MARRERO LA 70072

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$74.22

Date or dates debt was incurred

4/30/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.263. **Nonpriority creditor's name and mailing address**

ENRIQUEZ, KATIE
Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$305.12

Date or dates debt was incurred

4/30/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.264. **Nonpriority creditor's name and mailing address**

ENT SPECIALISTS OF METAIRIE
4315 HOUMA BLVD STE 401
METAIRIE LA 70006

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$236.53

Date or dates debt was incurred

4/30/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

3.265. **Nonpriority creditor's name and mailing address**

ENTERGY
P.O. BOX 8108
BATON ROUGE LA 70891

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☑ Disputed

Amount of claim

$5,580.35

Date or dates debt was incurred

4/27/2020

Basis for the claim:

UTILITY

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.266. **Nonpriority creditor's name and mailing address**

ERTEL, STACEY
Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$231.02

Date or dates debt was incurred

4/12/2019

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.267. **Nonpriority creditor's name and mailing address**

EWING IRRIGATION
68710 HWY 59
MANDEVILLE LA 70471-7708

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☑ Disputed

Amount of claim

$1,107.49

Date or dates debt was incurred

2/17/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: *Check all that apply.*	Amount of claim
3.268.	EYE ASSOCIATES OF THE SOUTH 15277 CRESOTE ROAD GULF PORT LA 39503	☐ Contingent ☐ Unliquidated ☐ Disputed	$320.31
	Date or dates debt was incurred 4/30/2020	**Basis for the claim:** EMPLOYEE HEALTH CLAIM	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	

	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: *Check all that apply.*	Amount of claim
3.269.	EYE ASSOCIATES OF THE SOUTH, P STE 330 1720A MEDICAL PARK DR BILOXI MS 39532	☐ Contingent ☐ Unliquidated ☐ Disputed	$320.31
	Date or dates debt was incurred 4/30/2020	**Basis for the claim:** EMPLOYEE HEALTH CLAIM	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	

	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: *Check all that apply.*	Amount of claim
3.270.	EYECARE PROVIDERS LLC 4324 VETERANS BLVD METAIRIE LA 70006	☐ Contingent ☐ Unliquidated ☐ Disputed	$30.88
	Date or dates debt was incurred 5/1/2020	**Basis for the claim:** EMPLOYEE HEALTH CLAIM	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	

3.271. **Nonpriority creditor's name and mailing address**

FAIRWAY PEDIATRICS LLC
7020 HIGHWAY 190 STE C
COVINGTON LA 70433

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$62.86

Date or dates debt was incurred

5/1/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.272. **Nonpriority creditor's name and mailing address**

FAMILY ASTHMA ALLERGY IMMUN CL
3321 W ESPLANADE
METAIRIE LA 70002

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$257.28

Date or dates debt was incurred

5/1/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.273. **Nonpriority creditor's name and mailing address**

FAMILY DERMATOLOGY SPECIALISTS
STE 202 3421 N CAUSEWYA BLVD
METAIRIE LA 70002

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$13.32

Date or dates debt was incurred

4/30/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.274.	**Nonpriority creditor's name and mailing address** FAMILY FOOT AND LEG CENTER PA PO BOX 14388 BELFAST ME 04915	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed	**Amount of claim** $126.15
	Date or dates debt was incurred 4/30/2020	**Basis for the claim:** EMPLOYEE HEALTH CLAIM	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	
3.275.	**Nonpriority creditor's name and mailing address** FAMILY HEALTH WELLNESS OF CH 410 W JUDGE PEREZ DR CHALMETTE LA 70043	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed	**Amount of claim** $143.45
	Date or dates debt was incurred 3/6/2020	**Basis for the claim:** EMPLOYEE HEALTH CLAIM	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	
3.276.	**Nonpriority creditor's name and mailing address** Name and Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☑ Contingent ☑ Unliquidated ☑ Disputed	**Amount of claim** UNDETERMINED
	Date or dates debt was incurred _____	**Basis for the claim:** PENDING LITIGATION	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

3.277.	**Nonpriority creditor's name and mailing address** FASULLO, ROYLYNE FBO PJP CASH BOX Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed	**Amount of claim** $207.25
	Date or dates debt was incurred VARIOUS	**Basis for the claim:** TRADE PAYABLE	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	

3.278.	**Nonpriority creditor's name and mailing address** FAXLOGIC, LLC 15950 DALLAS PARKWAY SUITE 400 DALAS TX 75248	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☑ Disputed	**Amount of claim** $1,597.86
	Date or dates debt was incurred 4/26/2020	**Basis for the claim:** TRADE PAYABLE	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	

3.279.	**Nonpriority creditor's name and mailing address** FEDERAL EMERGENCY MANAGEMENT AGENCY REGION VI FRC 800 NORTH LOOP 288 DENTON TX 76209-3698	**As of the petition filing date, the claim is:** *Check all that apply.* ☑ Contingent ☑ Unliquidated ☑ Disputed	**Amount of claim** $834,740.10
	Date or dates debt was incurred VARIOUS	**Basis for the claim:** NATURAL DISASTER REIMBURSEMENT	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☐ No ☑ Yes	

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: *Check all that apply.*	Amount of claim
3.280.	FERDIE'S PRINTING SERVICE 3751 SPENCER ST. HARVEY LA 70058	☐ Contingent ☐ Unliquidated ☐ Disputed	$443.63
	Date or dates debt was incurred 4/21/2020	**Basis for the claim:** TRADE PAYABLE	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	

	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: *Check all that apply.*	Amount of claim
3.281.	FERRIE, REV FRANCIS Address Intentionally Omitted	☐ Contingent ☐ Unliquidated ☐ Disputed	$25.60
	Date or dates debt was incurred 2/24/2020	**Basis for the claim:** TRADE PAYABLE	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	

	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: *Check all that apply.*	Amount of claim
3.282.	FIELDS, INGRID Address Intentionally Omitted	☐ Contingent ☐ Unliquidated ☐ Disputed	$486.70
	Date or dates debt was incurred 4/27/2020	**Basis for the claim:** TRADE PAYABLE	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	

3.283. **Nonpriority creditor's name and mailing address**

FIRST BANK & TRUST
PO BOX 60007
NEW ORLEANS LA 70160-0007

As of the petition filing date, the claim is: *Check all that apply.*

☑ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$730,577.00

Date or dates debt was incurred

APRIL 2020

Basis for the claim:

PPP LOAN - ARCHBISHOP CHAPELLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.284. **Nonpriority creditor's name and mailing address**

FIRST BANK & TRUST
PO BOX 60007
NEW ORLEANS LA 70160-0007

As of the petition filing date, the claim is: *Check all that apply.*

☑ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$738,575.00

Date or dates debt was incurred

APRIL 2020

Basis for the claim:

PPP LOAN - ARCHBISHOP HANNAN

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.285. **Nonpriority creditor's name and mailing address**

FIRST BANK & TRUST
PO BOX 60007
NEW ORLEANS LA 70160-0007

As of the petition filing date, the claim is: *Check all that apply.*

☑ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$922,475.00

Date or dates debt was incurred

APRIL 2020

Basis for the claim:

PPP LOAN - ARCHBISHOP RUMMEL

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.286.	**Nonpriority creditor's name and mailing address** FIRST BANK & TRUST PO BOX 60007 NEW ORLEANS LA 70160-0007	**As of the petition filing date, the claim is:** *Check all that apply.* ☑ Contingent ☐ Unliquidated ☐ Disputed	**Amount of claim** $585,992.50
	Date or dates debt was incurred APRIL 2020	**Basis for the claim:** PPP LOAN - ARCHBISHOP SHAW	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	

3.287.	**Nonpriority creditor's name and mailing address** FIRST BANK & TRUST PO BOX 60007 NEW ORLEANS LA 70160-0007	**As of the petition filing date, the claim is:** *Check all that apply.* ☑ Contingent ☐ Unliquidated ☐ Disputed	**Amount of claim** $447,089.46
	Date or dates debt was incurred APRIL 2020	**Basis for the claim:** PPP LOAN - POPE JOHN PAUL II	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	

3.288.	**Nonpriority creditor's name and mailing address** FIRST BANK & TRUST PO BOX 60007 NEW ORLEANS LA 70160-0007	**As of the petition filing date, the claim is:** *Check all that apply.* ☑ Contingent ☐ Unliquidated ☐ Disputed	**Amount of claim** $534,272.50
	Date or dates debt was incurred APRIL 2020	**Basis for the claim:** PPP LOAN - ST. CHARLES CATHOLIC	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	

3.289. **Nonpriority creditor's name and mailing address**

FIRST BANK AND TRUST
PO BOX 183258
COLUMBUS OH 43218-3258

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$12,397.79

Date or dates debt was incurred

4/1-4/29

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.290. **Nonpriority creditor's name and mailing address**

FIRST BANK AND TRUST
P. O. BOX 2711
OMAHA NE 68103-2711

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$75.33

Date or dates debt was incurred

4/1/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.291. **Nonpriority creditor's name and mailing address**

FIRST BANK AND TRUST
P.O. BOX 4512
CAROL STREAM IL 60197-4512

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$764.62

Date or dates debt was incurred

4/16/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.292. **Nonpriority creditor's name and mailing address**

FIRST BANK AND TRUST
ATTN: TUITION FINANCING DIVISION
909 POYDRAS SUITE 3200
NEW ORLEANS LA 70112

Date or dates debt was incurred

VARIOUS

Last 4 digits of account number:

As of the petition filing date, the claim is: *Check all that apply.*

☑ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

TUITION FINANCING AGREEMENTS

Is the claim subject to offset?

☑ No
☐ Yes

Amount of claim

UNDETERMINED

3.293. **Nonpriority creditor's name and mailing address**

FIRST BANK AND TRUST
ATTN: TUITION FINANCING DIVISION
909 POYDRAS SUITE 3200
NEW ORLEANS LA 70112

Date or dates debt was incurred

VARIOUS

Last 4 digits of account number:

As of the petition filing date, the claim is: *Check all that apply.*

☑ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

TUITION FINANCING AGREEMENTS

Is the claim subject to offset?

☑ No
☐ Yes

Amount of claim

UNDETERMINED

3.294. **Nonpriority creditor's name and mailing address**

FIRST BANK AND TRUST
ATTN: TUITION FINANCING DIVISION
909 POYDRAS SUITE 3200
NEW ORLEANS LA 70112

Date or dates debt was incurred

VARIOUS

Last 4 digits of account number:

As of the petition filing date, the claim is: *Check all that apply.*

☑ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

TUITION FINANCING AGREEMENTS

Is the claim subject to offset?

☑ No
☐ Yes

Amount of claim

UNDETERMINED

3.295.	**Nonpriority creditor's name and mailing address** FIRST BANK AND TRUST ATTN: TUITION FINANCING DIVISION 909 POYDRAS SUITE 3200 NEW ORLEANS LA 70112 **Date or dates debt was incurred** VARIOUS **Last 4 digits of account number:**	**As of the petition filing date, the claim is:** *Check all that apply.* ☑ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** TUITION FINANCING AGREEMENTS **Is the claim subject to offset?** ☑ No ☐ Yes	**Amount of claim** UNDETERMINED
3.296.	**Nonpriority creditor's name and mailing address** FIRST BANK AND TRUST ATTN: TUITION FINANCING DIVISION 909 POYDRAS SUITE 3200 NEW ORLEANS LA 70112 **Date or dates debt was incurred** VARIOUS **Last 4 digits of account number:**	**As of the petition filing date, the claim is:** *Check all that apply.* ☑ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** TUITION FINANCING AGREEMENTS **Is the claim subject to offset?** ☑ No ☐ Yes	**Amount of claim** UNDETERMINED
3.297.	**Nonpriority creditor's name and mailing address** FIRST BANK AND TRUST ATTN: TUITION FINANCING DIVISION 909 POYDRAS SUITE 3200 NEW ORLEANS LA 70112 **Date or dates debt was incurred** VARIOUS **Last 4 digits of account number:**	**As of the petition filing date, the claim is:** *Check all that apply.* ☑ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** TUITION FINANCING AGREEMENTS **Is the claim subject to offset?** ☑ No ☐ Yes	**Amount of claim** UNDETERMINED

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

3.298. **Nonpriority creditor's name and mailing address**

FIRST BANK AND TRUST
ATTN: TUITION FINANCING DIVISION
909 POYDRAS SUITE 3200
NEW ORLEANS LA 70112

As of the petition filing date, the claim is: *Check all that apply.*

☑ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

UNDETERMINED

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TUITION FINANCING AGREEMENTS

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.299. **Nonpriority creditor's name and mailing address**

FIRST BAPTIST CHURCH
16333 HIGHWAY 1085
COVINGTON LA 70433

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$760.00

Date or dates debt was incurred

3/11/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.300. **Nonpriority creditor's name and mailing address**

FIRST LOUISIANA - MISSISSIPPI, INC.
3421 N. CAUSEWAY BLVD, SUITE 805
METAIRIE LA 70002

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$250.00

Date or dates debt was incurred

2/20/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: *Check all that apply.*	Amount of claim
3.301.	FISHER'S ACE HARDEWARE 504 HEMLOCK ST. LAPLACE LA 70068	☐ Contingent ☐ Unliquidated ☐ Disputed	$223.28
	Date or dates debt was incurred 4/30/2020	**Basis for the claim:** TRADE PAYABLE	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	

	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: *Check all that apply.*	Amount of claim
3.302.	FITCH RATINGS, INC 33 WHITEHALL STREET NEW YORK NY 10004	☐ Contingent ☐ Unliquidated ☑ Disputed	$7,500.00
	Date or dates debt was incurred 4/1/2020	**Basis for the claim:** ANNUAL RENEWAL FOR BOND RATING AGENCY LISTING	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	

	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: *Check all that apply.*	Amount of claim
3.303.	FLOURISH COUNSELING & WELLNESS CENTER 3430 N HIGH STREET OLNEY MD 20832-2202	☐ Contingent ☐ Unliquidated ☐ Disputed	$1,725.00
	Date or dates debt was incurred 4/29/2020	**Basis for the claim:** EMPLOYEE HEALTH CLAIM	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	

3.304. **Nonpriority creditor's name and mailing address**

FOLEY MARKETING
317 GREFER LANE
HARVEY LA 70058

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$665.50

Date or dates debt was incurred

4/24/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.305. **Nonpriority creditor's name and mailing address**

FONTAINEBLEAU HIGH SCHOOL
100 BULLDOG DR
MANDEVILLE LA 70471

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$120.00

Date or dates debt was incurred

2/1/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.306. **Nonpriority creditor's name and mailing address**

FOOT HEALTH CENTER, LLC
1521 N CAUSEWAY VLVD
METAIRIE LA 70001

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$306.62

Date or dates debt was incurred

4/30/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

3.307. **Nonpriority creditor's name and mailing address**

FOUCHER EMERGENCY GROUP LLC
PO BOX 731587
DALLAS TX 75373

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$432.00

Date or dates debt was incurred

4/30/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.308. **Nonpriority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☑ Contingent
☑ Unliquidated
☑ Disputed

Amount of claim

$_____

Date or dates debt was incurred

_____

Basis for the claim:

UNRESOLVED CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.309. **Nonpriority creditor's name and mailing address**

FRANK, OLGA
Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$500.00

Date or dates debt was incurred

3/2/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.310.	**Nonpriority creditor's name and mailing address** Name and Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** EMPLOYEE HEALTH CLAIM **Is the claim subject to offset?** ☑ No ☐ Yes	**Amount of claim** $5.23 **Date or dates debt was incurred** 5/17/2019 **Last 4 digits of account number:**
3.311.	**Nonpriority creditor's name and mailing address** FUSELIER, GABRIEL Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** TRADE PAYABLE **Is the claim subject to offset?** ☑ No ☐ Yes	**Amount of claim** $150.00 **Date or dates debt was incurred** 3/6/2020 **Last 4 digits of account number:**
3.312.	**Nonpriority creditor's name and mailing address** G A ROMAGUERA MD LLC 316 LAFAYETTE ST GRETNA LA 70053	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** EMPLOYEE HEALTH CLAIM **Is the claim subject to offset?** ☑ No ☐ Yes	**Amount of claim** $62.16 **Date or dates debt was incurred** 4/30/2020 **Last 4 digits of account number:**

3.313. **Nonpriority creditor's name and mailing address**

GABRIEL, SIPHNE
Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$125.73

Date or dates debt was incurred

3/16/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.314. **Nonpriority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☑ Contingent
☑ Unliquidated
☑ Disputed

Amount of claim

UNDETERMINED

Date or dates debt was incurred

_____

Basis for the claim:

UNRESOLVED CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.315. **Nonpriority creditor's name and mailing address**

GALLAGHER
P.O. BOX 190
SELMA AL 36702

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$2,417.60

Date or dates debt was incurred

4/13/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.316. **Nonpriority creditor's name and mailing address**

GALLAGHER BENEFIT SERVICES
PO BOX 190
SELMA AL 36702

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☑ Disputed

Amount of claim

$36,412.12

Date or dates debt was incurred

4/29/2020

Basis for the claim:

THIRD PARTY PROCESSING FEES

Last 4 digits of account number:

Is the claim subject to offset?

- ☑ No
- ☐ Yes

3.317. **Nonpriority creditor's name and mailing address**

GALLAND ROOFING INC
1934 ROOSEVELT BLVD
KENNER LA 70062

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Amount of claim

$264.00

Date or dates debt was incurred

4/20/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

- ☑ No
- ☐ Yes

3.318. **Nonpriority creditor's name and mailing address**

GALLASPY, STACY
Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Amount of claim

$450.00

Date or dates debt was incurred

4/7/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

- ☑ No
- ☐ Yes

3.319. **Nonpriority creditor's name and mailing address**

GANDOLFI, KIM
Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$187.09

Date or dates debt was incurred

4/2/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.320. **Nonpriority creditor's name and mailing address**

GANNON, REV PATRICK
Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$105.00

Date or dates debt was incurred

2/4/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.321. **Nonpriority creditor's name and mailing address**

GASPARD, HEIDI
Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$9.34

Date or dates debt was incurred

4/15/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.322. **Nonpriority creditor's name and mailing address**

GBP DIRECT, INC
133 EAST THIRD STREET
KENNER LA 70062

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$40.85

Date or dates debt was incurred

4/20/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.323. **Nonpriority creditor's name and mailing address**

GEAR LINDSEY
5422 WILLOW STREET
NEW ORLEANS LA 70115

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☑ Disputed

Amount of claim

$2,246.50

Date or dates debt was incurred

4/15/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.324. **Nonpriority creditor's name and mailing address**

GEAUX 2 PEDIATRICS
181 COMMERCIAL SQ
SLIDELL LA 70461

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$69.22

Date or dates debt was incurred

4/30/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.325.	**Nonpriority creditor's name and mailing address** GERSOVITZ, HOPE Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** EMPLOYEE HEALTH CLAIM **Is the claim subject to offset?** ☑ No ☐ Yes	**Amount of claim** $238.77
	Date or dates debt was incurred 4/30/2020 **Last 4 digits of account number:**		
3.326.	**Nonpriority creditor's name and mailing address** GLORIOSO COUNSELING LLC 2624 CHIPPEWA ST NEW ORLEANS LA 70130	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** EMPLOYEE HEALTH CLAIM **Is the claim subject to offset?** ☑ No ☐ Yes	**Amount of claim** $159.18
	Date or dates debt was incurred 4/30/2020 **Last 4 digits of account number:**		
3.327.	**Nonpriority creditor's name and mailing address** GLUECK, DONNA Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** TRADE PAYABLE **Is the claim subject to offset?** ☑ No ☐ Yes	**Amount of claim** $75.00
	Date or dates debt was incurred 4/22/2020 **Last 4 digits of account number:**		

3.328. **Nonpriority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☑ Contingent
☑ Unliquidated
☑ Disputed

Amount of claim

UNDETERMINED

Date or dates debt was incurred

_____

Basis for the claim:

UNRESOLVED CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.329. **Nonpriority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☑ Contingent
☑ Unliquidated
☑ Disputed

Amount of claim

$_____

Date or dates debt was incurred

_____

Basis for the claim:

UNRESOLVED CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.330. **Nonpriority creditor's name and mailing address**

GORRES, ZACHARY
Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$50.00

Date or dates debt was incurred

10/11/2019

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.331. **Nonpriority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☑ Contingent
☑ Unliquidated
☑ Disputed

Amount of claim

UNDETERMINED

Date or dates debt was incurred

_____

Basis for the claim:

UNRESOLVED CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.332. **Nonpriority creditor's name and mailing address**

GRAYBAR ELECTRIC COMPANY INC
P O BOX 840458
DALLAS TX 75284

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☑ Disputed

Amount of claim

$1,040.34

Date or dates debt was incurred

4/20/2020

Basis for the claim:

UTILITY

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.333. **Nonpriority creditor's name and mailing address**

GREEN, CAMELLIA
Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$716.31

Date or dates debt was incurred

5/1/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

3.334. **Nonpriority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☑ Contingent
☑ Unliquidated
☑ Disputed

Amount of claim

UNDETERMINED

Date or dates debt was incurred

_____

Basis for the claim:

PENDING LITIGATION

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.335. **Nonpriority creditor's name and mailing address**

GREEN, PATRICK
Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$240.00

Date or dates debt was incurred

4/24/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.336. **Nonpriority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☑ Contingent
☑ Unliquidated
☑ Disputed

Amount of claim

UNDETERMINED

Date or dates debt was incurred

_____

Basis for the claim:

UNRESOLVED CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.337. **Nonpriority creditor's name and mailing address**

GROS, DEBORAH
Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$60.35

Date or dates debt was incurred

2/12/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.338. **Nonpriority creditor's name and mailing address**

GUARDIAN
P.O. BOX 677458
DALLAS TX 75267-7456

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$109.08

Date or dates debt was incurred

4/30/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.339. **Nonpriority creditor's name and mailing address**

GUICHARD, DAREK
Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$9.58

Date or dates debt was incurred

3/13/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.340.	**Nonpriority creditor's name and mailing address** GUIDRY, DEACON RONALD Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed	**Amount of claim** $100.00
	Date or dates debt was incurred 4/10/2020	**Basis for the claim:** TRADE PAYABLE	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	

3.341.	**Nonpriority creditor's name and mailing address** GUILLORY SHEET METAL P.O. BOX 23125 HARAHAN LA 70183	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed	**Amount of claim** $594.00
	Date or dates debt was incurred 4/28/2020	**Basis for the claim:** TRADE PAYABLE	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	

3.342.	**Nonpriority creditor's name and mailing address** GUILLOT, REV RAYMOND Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed	**Amount of claim** $102.72
	Date or dates debt was incurred 4/13/2020	**Basis for the claim:** TRADE PAYABLE	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

3.343. **Nonpriority creditor's name and mailing address**

GULF COAST BANK AND TRUST COMPANY
5949 SHERRY LANE
SUITE 785
DALLAS TX 75225

Date or dates debt was incurred

APRIL 2020

Last 4 digits of account number:

As of the petition filing date, the claim is: *Check all that apply.*

☑ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

PPP LOAN - ACADEMY OF OUR LADY

Is the claim subject to offset?

☑ No
☐ Yes

Amount of claim

$527,700.00

3.344. **Nonpriority creditor's name and mailing address**

GULF COAST BANK AND TRUST COMPANY
EDUCATION SERVICES DIVISION
ATTN: MILLICENT JONES, SENIOR VICE PRESIDENT
200 ST. CHARLES AVENUE
NEW ORLEANS LA 70130

Date or dates debt was incurred

VARIOUS

Last 4 digits of account number:

As of the petition filing date, the claim is: *Check all that apply.*

☑ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

TUITION FINANCING AGREEMENTS

Is the claim subject to offset?

☑ No
☐ Yes

Amount of claim

UNDETERMINED

3.345. **Nonpriority creditor's name and mailing address**

GULF COAST BANK AND TRUST COMPANY
EDUCATION SERVICES DIVISION
ATTN: MILLICENT JONES, SENIOR VICE PRESIDENT
200 ST. CHARLES AVENUE
NEW ORLEANS LA 70130

Date or dates debt was incurred

VARIOUS

Last 4 digits of account number:

As of the petition filing date, the claim is: *Check all that apply.*

☑ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

TUITION FINANCING AGREEMENTS

Is the claim subject to offset?

☑ No
☐ Yes

Amount of claim

UNDETERMINED

3.346. **Nonpriority creditor's name and mailing address**

GULF COAST OFFICE PRODUCTS
5801 RIVER OAKS ROAD SOUTH
NEW ORLEANS LA 70123

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☑ Disputed

Amount of claim

$2,994.74

Date or dates debt was incurred

3/13/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.347. **Nonpriority creditor's name and mailing address**

GULF COAST OFFICE PRODUCTS
5801 RIVER OAKS ROAD SOUTH
NEW ORLEANS LA 70123

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$108.78

Date or dates debt was incurred

4/29/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.348. **Nonpriority creditor's name and mailing address**

GURTLER, MICHAEL
Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$50.00

Date or dates debt was incurred

4/15/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.349. **Nonpriority creditor's name and mailing address**

Name and Address Intentionally Omitted

Date or dates debt was incurred

_____

Last 4 digits of account number:

As of the petition filing date, the claim is: *Check all that apply.*

- ☑ Contingent
- ☑ Unliquidated
- ☑ Disputed

Basis for the claim:

UNRESOLVED CLAIM

Is the claim subject to offset?

- ☑ No
- ☐ Yes

Amount of claim

UNDETERMINED

3.350. **Nonpriority creditor's name and mailing address**

HAHN ENTERPRISES, INC.
P O BOX 19495
NEW ORLEANS LA 70179

Date or dates debt was incurred

3/31/2020

Last 4 digits of account number:

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☑ Disputed

Basis for the claim:

TRADE PAYABLE

Is the claim subject to offset?

- ☑ No
- ☐ Yes

Amount of claim

$13,601.44

3.351. **Nonpriority creditor's name and mailing address**

HAHN ENTERPRISES, INC.
P. O. BOX 19495
NEW ORLEANS LA 70179

Date or dates debt was incurred

10/3/2019

Last 4 digits of account number:

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

TRADE PAYABLE

Is the claim subject to offset?

- ☑ No
- ☐ Yes

Amount of claim

$120.73

3.352.	**Nonpriority creditor's name and mailing address** Name and Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☑ Contingent ☑ Unliquidated ☑ Disputed **Basis for the claim:** UNRESOLVED CLAIM **Is the claim subject to offset?** ☑ No ☐ Yes	**Amount of claim** UNDETERMINED
	Date or dates debt was incurred _____ **Last 4 digits of account number:**		
3.353.	**Nonpriority creditor's name and mailing address** Name and Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☑ Contingent ☑ Unliquidated ☑ Disputed **Basis for the claim:** PENDING LITIGATION **Is the claim subject to offset?** ☑ No ☐ Yes	**Amount of claim** UNDETERMINED
	Date or dates debt was incurred _____ **Last 4 digits of account number:**		
3.354.	**Nonpriority creditor's name and mailing address** HAMMETT, KIM Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** TRADE PAYABLE **Is the claim subject to offset?** ☑ No ☐ Yes	**Amount of claim** $250.00
	Date or dates debt was incurred 4/22/2020 **Last 4 digits of account number:**		

3.355. **Nonpriority creditor's name and mailing address**

HANCOCK WHITNEY
MID MKT BANKING
PO BOX 61260
NEW ORLEANS LA 70161-9967

Date or dates debt was incurred

APRIL 2020

Last 4 digits of account number:

As of the petition filing date, the claim is: *Check all that apply.*

- ☑ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

PPP LOAN - ST. MICHAEL

Is the claim subject to offset?

- ☑ No
- ☐ Yes

Amount of claim

$366,485.42

3.356. **Nonpriority creditor's name and mailing address**

HANCOCK WHITNEY BANK INDENTURE TRUSTEE
5328 GOVERNMENT ST
BATON ROUGE LA 70806

Date or dates debt was incurred

_____

Last 4 digits of account number:

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

BONDS - 2017 LOUISIANA PUBLIC FACILITIES AUTHORITY

Is the claim subject to offset?

- ☐ No
- ☐ Yes

Amount of claim

$37,970,000.00

3.357. **Nonpriority creditor's name and mailing address**

HAND SURGICAL ASSOCIATES
4228 HOUMA BLVD STE 600B
METAIRIE LA 70006

Date or dates debt was incurred

4/24/2020

Last 4 digits of account number:

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Is the claim subject to offset?

- ☑ No
- ☐ Yes

Amount of claim

$426.62

3.358. **Nonpriority creditor's name and mailing address**

HANNAN, DEBBI BARRETT
Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$12.00

Date or dates debt was incurred

4/30/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.359. **Nonpriority creditor's name and mailing address**

HARD ROCK CAFÉ ORLANDO
6050 UNIVERSAL BLVD.
ORLANDO FL 32819

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☑ Disputed

Amount of claim

$1,777.02

Date or dates debt was incurred

3/1/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.360. **Nonpriority creditor's name and mailing address**

HARLOW, MELINDA
P O BOX224
BRATARIA LA 70036

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$25.00

Date or dates debt was incurred

4/16/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.361. **Nonpriority creditor's name and mailing address**

HARRIS M. BLACKMAN, M.D., LLC
STE N401 1111 MEDICAL CENTER BLVD
MARRERO LA 70072

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$4.12

Date or dates debt was incurred

4/30/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.362. **Nonpriority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☑ Contingent
☑ Unliquidated
☑ Disputed

Amount of claim

UNDETERMINED

Date or dates debt was incurred

_____

Basis for the claim:

UNRESOLVED CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.363. **Nonpriority creditor's name and mailing address**

HARRY THOMPSON CENTER
1803 GRAVIER ST
NEW ORLEANS LA 70112

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$250.00

Date or dates debt was incurred

2/7/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.364. **Nonpriority creditor's name and mailing address**

HART, REV PAUL
Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$288.00

Date or dates debt was incurred

4/13/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.365. **Nonpriority creditor's name and mailing address**

HARTLINE, LISA
Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$54.46

Date or dates debt was incurred

3/11/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.366. **Nonpriority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$8.23

Date or dates debt was incurred

2/28/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.367. **Nonpriority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☑ Contingent
☑ Unliquidated
☑ Disputed

Amount of claim

UNDETERMINED

Date or dates debt was incurred

_____

Basis for the claim:

PENDING LITIGATION

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.368. **Nonpriority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☑ Contingent
☑ Unliquidated
☑ Disputed

Amount of claim

UNDETERMINED

Date or dates debt was incurred

_____

Basis for the claim:

PENDING LITIGATION

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.369. **Nonpriority creditor's name and mailing address**

HAYDEN, FR. TERENCE P
Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$27.10

Date or dates debt was incurred

4/24/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.370. **Nonpriority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☑ Contingent
☑ Unliquidated
☑ Disputed

Amount of claim

UNDETERMINED

Date or dates debt was incurred

_____

Basis for the claim:

PENDING LITIGATION

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.371. **Nonpriority creditor's name and mailing address**

HAYES III, REV DENNIS
UNO NEWMAN CENTER
Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$627.96

Date or dates debt was incurred

1/28/20, 4/16/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.372. **Nonpriority creditor's name and mailing address**

HEALTH MANAGEMENT SERVICES
5758 ESSEN LN B
BATON ROUGE LA 70810

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$137.87

Date or dates debt was incurred

4/30/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.373. **Nonpriority creditor's name and mailing address**

HEALTH MANAGEMENT SERVICES INC
5758 ESSEN LN STE B
BATON ROUGE LA 70810

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$137.87

Date or dates debt was incurred

4/30/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.374. **Nonpriority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☑ Contingent
☑ Unliquidated
☑ Disputed

Amount of claim

UNDETERMINED

Date or dates debt was incurred

_____

Basis for the claim:

PENDING LITIGATION

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.375. **Nonpriority creditor's name and mailing address**

HEMARD, PAMELLA W
Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$775.00

Date or dates debt was incurred

4/20/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.376. **Nonpriority creditor's name and mailing address**

HERITAGE ELECTRICAL CO. INC.
2346 BELLE CHASSE HWY
GRETNA LA 70056-7123

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☑ Disputed

Amount of claim

$1,035.00

Date or dates debt was incurred

4/21/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

- ☑ No
- ☐ Yes

3.377. **Nonpriority creditor's name and mailing address**

HERNANDEZ, DR JAMES
206 S TYLER ST STE B
COVINGTON LA 70433

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Amount of claim

$94.21

Date or dates debt was incurred

4/24/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

- ☑ No
- ☐ Yes

3.378. **Nonpriority creditor's name and mailing address**

HERNANDEZ, INGRID
Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Amount of claim

$100.00

Date or dates debt was incurred

4/30/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

- ☑ No
- ☐ Yes

3.379.	**Nonpriority creditor's name and mailing address** HERNANDEZ, LAUREN Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** EMPLOYEE HEALTH CLAIM **Is the claim subject to offset?** ☑ No ☐ Yes	**Amount of claim** $628.30
	Date or dates debt was incurred 5/1/2020 **Last 4 digits of account number:**		
3.380.	**Nonpriority creditor's name and mailing address** HICKEY, BETTY ANN Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** TRADE PAYABLE **Is the claim subject to offset?** ☑ No ☐ Yes	**Amount of claim** $53.24
	Date or dates debt was incurred 4/20/2020 **Last 4 digits of account number:**		
3.381.	**Nonpriority creditor's name and mailing address** HILBUN, HAILEY Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** TRADE PAYABLE **Is the claim subject to offset?** ☑ No ☐ Yes	**Amount of claim** $50.00
	Date or dates debt was incurred 4/17/2020 **Last 4 digits of account number:**		

3.382. **Nonpriority creditor's name and mailing address**

HIRSCH, LINDA
Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$75.00

Date or dates debt was incurred

4/22/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.383. **Nonpriority creditor's name and mailing address**

HOANG, DAN
Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$16.78

Date or dates debt was incurred

2/8/2019

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.384. **Nonpriority creditor's name and mailing address**

HODGES, JAY
Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$15.00

Date or dates debt was incurred

3/19/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.385.	**Nonpriority creditor's name and mailing address** HODNETT, THERESA Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** TRADE PAYABLE **Is the claim subject to offset?** ☑ No ☐ Yes	**Amount of claim** $942.80
	Date or dates debt was incurred 4/29/2020 **Last 4 digits of account number:**		
3.386.	**Nonpriority creditor's name and mailing address** HOLMES, CHRISTINE Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** TRADE PAYABLE **Is the claim subject to offset?** ☑ No ☐ Yes	**Amount of claim** $583.52
	Date or dates debt was incurred 4/17/2020 **Last 4 digits of account number:**		
3.387.	**Nonpriority creditor's name and mailing address** HOLY ANGEL APARTMENTS 3500 ST. CLAUDE AVENUE NEW ORLEANS LA 70117	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** TRADE PAYABLE **Is the claim subject to offset?** ☑ No ☐ Yes	**Amount of claim** $405.00
	Date or dates debt was incurred 4/28/2020 **Last 4 digits of account number:**		

3.388. **Nonpriority creditor's name and mailing address**

HOME BANK
1750 N. COLUMBIA
COVINGTON LA 70433

As of the petition filing date, the claim is: *Check all that apply.*

- ☑ Contingent
- ☐ Unliquidated
- ☐ Disputed

Amount of claim

$634,200.00

Date or dates debt was incurred

APRIL 2020

Basis for the claim:

PPP LOAN - ST. SCHOLASTICA ACADEMY

Last 4 digits of account number:

Is the claim subject to offset?

- ☑ No
- ☐ Yes

3.389. **Nonpriority creditor's name and mailing address**

HOME DEPOT CREDIT SERVICE
P. O. BOX 183176
COLUMBUS OH 43218-3176

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☑ Disputed

Amount of claim

$871.98

Date or dates debt was incurred

4/1/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

- ☑ No
- ☐ Yes

3.390. **Nonpriority creditor's name and mailing address**

HOTARD COACHES
2838 TOURO ST.
NEW ORLEANS LA 70122

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☑ Disputed

Amount of claim

$3,551.50

Date or dates debt was incurred

3/6/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

- ☑ No
- ☐ Yes

3.391. **Nonpriority creditor's name and mailing address**

HOUMA FAMILY PRACTICE CLINIC
606 LIBERTY ST
HOUMA LA 70360

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$68.92

Date or dates debt was incurred

4/30/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.392. **Nonpriority creditor's name and mailing address**

HOUSTON, MARINDA LEE
Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$150.00

Date or dates debt was incurred

12/10/2019

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.393. **Nonpriority creditor's name and mailing address**

HOWELL, GERARD
HARRIS BRANCH SENIOR
Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$386.99

Date or dates debt was incurred

4/14/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.394.	**Nonpriority creditor's name and mailing address** HOWELL, RUTH Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed	**Amount of claim** $22.00
	Date or dates debt was incurred 2/6/2020	**Basis for the claim:** TRADE PAYABLE	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	

3.395.	**Nonpriority creditor's name and mailing address** HSS-STAUDINGER &WALSH, LLP 2820 NAPOLEON AVE STE 640 NEW ORLEANS LA 70115	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed	**Amount of claim** $145.31
	Date or dates debt was incurred 4/30/2020	**Basis for the claim:** EMPLOYEE HEALTH CLAIM	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	

3.396.	**Nonpriority creditor's name and mailing address** HUDSON, ROBERT Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed	**Amount of claim** $230.00
	Date or dates debt was incurred 1/1/2020	**Basis for the claim:** TRADE PAYABLE	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	

3.397. **Nonpriority creditor's name and mailing address**

HUDSON, WILLIAM
Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$6.99

Date or dates debt was incurred

9/27/2019

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.398. **Nonpriority creditor's name and mailing address**

HUGHES, ALICE
Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$31.32

Date or dates debt was incurred

4/19/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.399. **Nonpriority creditor's name and mailing address**

HUHN, HOLLY
Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$1,400.00

Date or dates debt was incurred

FEB-APR 2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.400.	**Nonpriority creditor's name and mailing address** HUSSER, KENNY Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** TRADE PAYABLE **Is the claim subject to offset?** ☑ No ☐ Yes	**Amount of claim** $120.00
	Date or dates debt was incurred 2/1/2020 **Last 4 digits of account number:**		
3.401.	**Nonpriority creditor's name and mailing address** HYMEL, NOAH Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** TRADE PAYABLE **Is the claim subject to offset?** ☑ No ☐ Yes	**Amount of claim** $50.00
	Date or dates debt was incurred 4/17/2020 **Last 4 digits of account number:**		
3.402.	**Nonpriority creditor's name and mailing address** IDEAL LIGHTING, INC 742 LITTLE FARMS AVE. METAIRIE LA 70003	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** TRADE PAYABLE **Is the claim subject to offset?** ☑ No ☐ Yes	**Amount of claim** $243.84
	Date or dates debt was incurred 4/21/2020 **Last 4 digits of account number:**		

3.403. **Nonpriority creditor's name and mailing address**

IGBOGIDI, REV RAYMOND
ST CHRISTOPHER THE MARTYR CH
Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$228.24

Date or dates debt was incurred

4/21/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.404. **Nonpriority creditor's name and mailing address**

IMMACULATE CONCEPTION CHURCH
4401 SEVENTH STREET
MARRERO LA 70072

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$664.75

Date or dates debt was incurred

4/27/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.405. **Nonpriority creditor's name and mailing address**

IMMACULATE CONCEPTION SCHOOL
601 AVENUE C
MARRERO LA 70072

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☑ Disputed

Amount of claim

$2,938.03

Date or dates debt was incurred

04/01/2020 - 04/30/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.406.	**Nonpriority creditor's name and mailing address** IN & OUT URGENT CARE 6225 CLAIBORNE AVE. NEW ORLEANS LA 70125	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed	**Amount of claim** $371.00
	Date or dates debt was incurred 10/31/2019	**Basis for the claim:** EMPLOYEE HEALTH CLAIM	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	

3.407.	**Nonpriority creditor's name and mailing address** IN & OUT URGENT CARE LLC 6225 S CLAIBORNE AVE NEW ORLEANS LA 70125	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed	**Amount of claim** $75.00
	Date or dates debt was incurred 4/30/2020	**Basis for the claim:** EMPLOYEE HEALTH CLAIM	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	

3.408.	**Nonpriority creditor's name and mailing address** INDEPENDENCE EMERG GROUP LLC PO BOX 679491 DALLAS TX 75267	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed	**Amount of claim** $432.00
	Date or dates debt was incurred 5/1/2020	**Basis for the claim:** EMPLOYEE HEALTH CLAIM	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: *Check all that apply.*	Amount of claim
3.409.	INDOVINA, ANTHONY A Address Intentionally Omitted	☐ Contingent ☐ Unliquidated ☐ Disputed	$252.00
	Date or dates debt was incurred 4/30/2020	**Basis for the claim:** EMPLOYEE HEALTH CLAIM	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	

	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: *Check all that apply.*	Amount of claim
3.410.	INFECTIOUS DISEASE ASSOCIATES 4315 HOUMA BLVD STE 305 METAIRIE LA 70006	☐ Contingent ☐ Unliquidated ☐ Disputed	$28.32
	Date or dates debt was incurred 5/1/2020	**Basis for the claim:** EMPLOYEE HEALTH CLAIM	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	

	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: *Check all that apply.*	Amount of claim
3.411.	INPRINT SOLUTIONS 2237 N. HULLEN STREET SUITE 302 METAIRIE LA 70001	☐ Contingent ☐ Unliquidated ☑ Disputed	$870.87
	Date or dates debt was incurred 3/31/2020	**Basis for the claim:** TRADE PAYABLE	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	

3.412.	**Nonpriority creditor's name and mailing address** INTEGRATED BEHAVIORAL HEALTH 400 POYDRAS ST STE 1950 NEW ORLEANS LA 70130	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** EMPLOYEE HEALTH CLAIM **Is the claim subject to offset?** ☑ No ☐ Yes	**Amount of claim** $92.75
	Date or dates debt was incurred 4/30/2020		
	Last 4 digits of account number:		

3.413.	**Nonpriority creditor's name and mailing address** INTEGRATED WELLNESS CLINIC 44125 S AIRPORT HAMMOND LA 70403	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** EMPLOYEE HEALTH CLAIM **Is the claim subject to offset?** ☑ No ☐ Yes	**Amount of claim** $225.00
	Date or dates debt was incurred 11/8/2019		
	Last 4 digits of account number:		

3.414.	**Nonpriority creditor's name and mailing address** INTERFACE SECURITY SYSTEMS, LLC 8339 SOLUTIONS CENTER CHICAGO LA 60677-8003	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☑ Disputed **Basis for the claim:** TRADE PAYABLE **Is the claim subject to offset?** ☑ No ☐ Yes	**Amount of claim** $1,021.11
	Date or dates debt was incurred 4/24/2020		
	Last 4 digits of account number:		

3.415. **Nonpriority creditor's name and mailing address**

INTERIORS
6501 SPANISH FORT BLVD.
NEW ORLEANS LA 70124

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☑ Disputed

Amount of claim

$4,806.90

Date or dates debt was incurred

1/29/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

- ☑ No
- ☐ Yes

3.416. **Nonpriority creditor's name and mailing address**

INTERNAL MEDICINE CLINIC OF TA
PO BOX 1799
HAMMOND LA 70404

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Amount of claim

$11.58

Date or dates debt was incurred

4/30/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

- ☑ No
- ☐ Yes

3.417. **Nonpriority creditor's name and mailing address**

INTERNAL MEDICINE CONSULTANTS
PO BOX 733576
DALLAS TX 75373

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Amount of claim

$380.81

Date or dates debt was incurred

4/30/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

- ☑ No
- ☐ Yes

3.418.	**Nonpriority creditor's name and mailing address** INTERNAL MEDICINE SPECIALIST 3525 PRYTANIA ST STE 526 NEW ORLEANS LA 70115	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed	**Amount of claim** $33.30
	Date or dates debt was incurred 5/1/2020	**Basis for the claim:** EMPLOYEE HEALTH CLAIM	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	

3.419.	**Nonpriority creditor's name and mailing address** INTERNAL MEDICINE SPECIALISTS PO BOX 51767 LAFAYETTE LA 70505	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed	**Amount of claim** $367.04
	Date or dates debt was incurred 4/30/2020	**Basis for the claim:** EMPLOYEE HEALTH CLAIM	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	

3.420.	**Nonpriority creditor's name and mailing address** IRIS HENRY SCRIP PROGRAM 524 CHATSWORTH DR. LAPLACE LA 70068	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed	**Amount of claim** $9.75
	Date or dates debt was incurred 11/22/2019	**Basis for the claim:** TRADE PAYABLE	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	

3.421. **Nonpriority creditor's name and mailing address**

ITELD BERNSTEIN ASSOCIATES
PO BOX 2209
SLIDELL LA 70459

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$65.61

Date or dates debt was incurred

5/1/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.422. **Nonpriority creditor's name and mailing address**

J COLLER OCHSNER MD LLC
2323 METAIRIE RD
METAIRIE LA 70001

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$13.32

Date or dates debt was incurred

4/30/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.423. **Nonpriority creditor's name and mailing address**

J MICHAEL BRADLEY PHD
3721 PALMYRA ST
NEW ORLEANS LA 70119

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$90.00

Date or dates debt was incurred

4/30/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.424. **Nonpriority creditor's name and mailing address**

J. PRESTES & CO., INC.
P.O. BOX 8544
METAIRIE LA 70011

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$477.73

Date or dates debt was incurred

4/29/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.425. **Nonpriority creditor's name and mailing address**

J.W. PEPPER & SON, INC.
P.O. BOX 642
EXTON PA 19341

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$271.64

Date or dates debt was incurred

4/22/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.426. **Nonpriority creditor's name and mailing address**

JACKSON CONTAINER & TRAILER RENTAL, INC.
P.O. BOX 1952
METAIRIE LA 70004

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$86.47

Date or dates debt was incurred

4/24/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.427. **Nonpriority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☑ Contingent
☑ Unliquidated
☑ Disputed

Amount of claim

UNDETERMINED

Date or dates debt was incurred

_____

Basis for the claim:

PENDING LITIGATION

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.428. **Nonpriority creditor's name and mailing address**

JACOB GENERAL SURGERY LLC
STE 224228 HOUMA BLVD STE 220
METAIRIE LA 70006

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$110.55

Date or dates debt was incurred

5/1/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.429. **Nonpriority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☑ Contingent
☑ Unliquidated
☑ Disputed

Amount of claim

UNDETERMINED

Date or dates debt was incurred

_____

Basis for the claim:

PENDING LITIGATION

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

3.430.	**Nonpriority creditor's name and mailing address** JEANFREAU, FR. JIMMY Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** TRADE PAYABLE **Is the claim subject to offset?** ☑ No ☐ Yes	**Amount of claim** $25.00
	Date or dates debt was incurred 3/18/2020 **Last 4 digits of account number:**		
3.431.	**Nonpriority creditor's name and mailing address** JEFFERSON COMMUNITY HEALTH CAR PO BOX 16576 BELFAST ME 04915	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** EMPLOYEE HEALTH CLAIM **Is the claim subject to offset?** ☑ No ☐ Yes	**Amount of claim** $30.84
	Date or dates debt was incurred 4/30/2020 **Last 4 digits of account number:**		
3.432.	**Nonpriority creditor's name and mailing address** JEFFERSON HEADACHE AND SPINE L PO BOX 641254 KENNER LA 70064	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** EMPLOYEE HEALTH CLAIM **Is the claim subject to offset?** ☑ No ☐ Yes	**Amount of claim** $90.11
	Date or dates debt was incurred 3/31/2020 **Last 4 digits of account number:**		

3.433.	**Nonpriority creditor's name and mailing address** JEFFERSON MEDICAL CLINIC 435 LAPALCO BLVD GRETNA LA 70056	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed	**Amount of claim** $71.26
	Date or dates debt was incurred 4/30/2020	**Basis for the claim:** EMPLOYEE HEALTH CLAIM	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	
3.434.	**Nonpriority creditor's name and mailing address** JEFFERSON PARISH DEPARTMENT OF WATER P.O. BOX 10007 JEFFERSON LA 70181-0007	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed	**Amount of claim** $96.96
	Date or dates debt was incurred 4/24/2020	**Basis for the claim:** UTILITY	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	
3.435.	**Nonpriority creditor's name and mailing address** JEFFERSON PARISH DEPT OF WATER P.O. BOX 10007 JEFFERSON LA 70181-0007	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☑ Disputed	**Amount of claim** $1,261.16
	Date or dates debt was incurred 4/27/2020	**Basis for the claim:** UTILITY	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

3.436. **Nonpriority creditor's name and mailing address**

JEFFERSON PARISH DEPT OF WATER
P. O. BOX 10007
JEFFERSON LA 70181-0007

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☑ Disputed

Amount of claim

$2,131.74

Date or dates debt was incurred

3/30/2020

Basis for the claim:

UTILITY

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.437. **Nonpriority creditor's name and mailing address**

JEFFERSON PARISH DEPT. OF WATER
P. O. BOX 10007
JEFFERSON LA 70181-0007

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☑ Disputed

Amount of claim

$1,117.47

Date or dates debt was incurred

4/1/2020

Basis for the claim:

UTILITY

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.438. **Nonpriority creditor's name and mailing address**

JEFFERSON PARISH SHERIFF'S OFFICE
1233 WESTBANK EXPRESSWAY
HARVEY LA 70058

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$54.25

Date or dates debt was incurred

12/5/2019

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.439. **Nonpriority creditor's name and mailing address**

JEFFERSON PSYCHIATRIC ASSOCLLC
3340 SEVERN AVE STE 206
METAIRIE LA 70002

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$190.41

Date or dates debt was incurred

4/30/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.440. **Nonpriority creditor's name and mailing address**

JEFFERSON RADIOLOGY ASSOCIATES
PO BOX 4238
PORTSMOUTH NH 03802

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$15.81

Date or dates debt was incurred

4/30/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.441. **Nonpriority creditor's name and mailing address**

JENKINS, MILISSA
Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$250.00

Date or dates debt was incurred

4/24/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.442.	**Nonpriority creditor's name and mailing address** JENSEN, MICHELLE Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** TRADE PAYABLE **Is the claim subject to offset?** ☑ No ☐ Yes	**Amount of claim** $232.00 **Date or dates debt was incurred** 11/15/2019 **Last 4 digits of account number:**
3.443.	**Nonpriority creditor's name and mailing address** JOE CUMMINS ADVERTISING P O BOX 24205 NEW ORLEANS LA 70184	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☑ Disputed **Basis for the claim:** TRADE PAYABLE **Is the claim subject to offset?** ☑ No ☐ Yes	**Amount of claim** $1,007.50 **Date or dates debt was incurred** 4/17/2020 **Last 4 digits of account number:**
3.444.	**Nonpriority creditor's name and mailing address** Name and Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☑ Contingent ☑ Unliquidated ☑ Disputed **Basis for the claim:** PENDING LITIGATION **Is the claim subject to offset?** ☑ No ☐ Yes	**Amount of claim** UNDETERMINED **Date or dates debt was incurred** _____ **Last 4 digits of account number:**

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

3.445.	**Nonpriority creditor's name and mailing address** Name and Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☑ Contingent ☑ Unliquidated ☑ Disputed **Basis for the claim:** PENDING LITIGATION **Is the claim subject to offset?** ☑ No ☐ Yes	**Amount of claim** UNDETERMINED
	Date or dates debt was incurred _____		
	Last 4 digits of account number:		
3.446.	**Nonpriority creditor's name and mailing address** Name and Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☑ Contingent ☑ Unliquidated ☑ Disputed **Basis for the claim:** PENDING LITIGATION **Is the claim subject to offset?** ☑ No ☐ Yes	**Amount of claim** UNDETERMINED
	Date or dates debt was incurred _____		
	Last 4 digits of account number:		
3.447.	**Nonpriority creditor's name and mailing address** Name and Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☑ Contingent ☑ Unliquidated ☑ Disputed **Basis for the claim:** PENDING LITIGATION **Is the claim subject to offset?** ☑ No ☐ Yes	**Amount of claim** UNDETERMINED
	Date or dates debt was incurred _____		
	Last 4 digits of account number:		

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

3.448.	**Nonpriority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:**	**As of the petition filing date, the claim is:** *Check all that apply.* ☑ Contingent ☑ Unliquidated ☑ Disputed **Basis for the claim:** PENDING LITIGATION **Is the claim subject to offset?** ☑ No ☐ Yes	**Amount of claim** UNDETERMINED
3.449.	**Nonpriority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:**	**As of the petition filing date, the claim is:** *Check all that apply.* ☑ Contingent ☑ Unliquidated ☑ Disputed **Basis for the claim:** PENDING LITIGATION **Is the claim subject to offset?** ☑ No ☐ Yes	**Amount of claim** UNDETERMINED
3.450.	**Nonpriority creditor's name and mailing address** Name and Address Intentionally Omitted **Date or dates debt was incurred** _____ **Last 4 digits of account number:**	**As of the petition filing date, the claim is:** *Check all that apply.* ☑ Contingent ☑ Unliquidated ☑ Disputed **Basis for the claim:** PENDING LITIGATION **Is the claim subject to offset?** ☑ No ☐ Yes	**Amount of claim** UNDETERMINED

3.451. **Nonpriority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☑ Contingent
☑ Unliquidated
☑ Disputed

Amount of claim

UNDETERMINED

Date or dates debt was incurred

_____

Basis for the claim:

PENDING LITIGATION

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.452. **Nonpriority creditor's name and mailing address**

JOHNSON, MIESHA
Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$1,146.68

Date or dates debt was incurred

4/24/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.453. **Nonpriority creditor's name and mailing address**

JOHNSON, SHELTON
Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$40.00

Date or dates debt was incurred

12/1/2019

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.454. **Nonpriority creditor's name and mailing address**

JONES PHYSICAL THERAPY LLC
389 HWY 21 STE 403
MADISONVILLE LA 70447

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$389.90

Date or dates debt was incurred

4/29/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.455. **Nonpriority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☑ Contingent
☑ Unliquidated
☑ Disputed

Amount of claim

UNDETERMINED

Date or dates debt was incurred

_____

Basis for the claim:

PENDING LITIGATION

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.456. **Nonpriority creditor's name and mailing address**

JOSEPH, JERRYDETTE
Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$50.00

Date or dates debt was incurred

4/30/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.457. **Nonpriority creditor's name and mailing address**

K12 MANAGEMENT INC
DBA FUEL EDUCATION LLC
P O BOX 824186
PHILADELPHIA PA 19182-4186

Date or dates debt was incurred

3/31/2020

Last 4 digits of account number:

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☑ Disputed

Basis for the claim:

TRADE PAYABLE

Is the claim subject to offset?

- ☑ No
- ☐ Yes

Amount of claim

$7,500.00

3.458. **Nonpriority creditor's name and mailing address**

KATHERINE L WILLIAMS MD A PROF
PO BOX 17986
BELFAST ME 04915

Date or dates debt was incurred

4/30/2020

Last 4 digits of account number:

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Is the claim subject to offset?

- ☑ No
- ☐ Yes

Amount of claim

$137.14

3.459. **Nonpriority creditor's name and mailing address**

KEEFE'S AIR CONDITIONING & HEATING
1919 ENTERPRISE DRIVE
HARVEY LA 70058

Date or dates debt was incurred

12/1/2019

Last 4 digits of account number:

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

TRADE PAYABLE

Is the claim subject to offset?

- ☑ No
- ☐ Yes

Amount of claim

$180.00

3.460.	**Nonpriority creditor's name and mailing address** Name and Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☑ Contingent ☑ Unliquidated ☑ Disputed **Basis for the claim:** PENDING LITIGATION **Is the claim subject to offset?** ☑ No ☐ Yes	**Amount of claim** UNDETERMINED
	Date or dates debt was incurred _____		
	Last 4 digits of account number:		
3.461.	**Nonpriority creditor's name and mailing address** Name and Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** EMPLOYEE HEALTH CLAIM **Is the claim subject to offset?** ☑ No ☐ Yes	**Amount of claim** $7.29
	Date or dates debt was incurred 8/23/2019		
	Last 4 digits of account number:		
3.462.	**Nonpriority creditor's name and mailing address** KELLEY, STEPHANIE Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** TRADE PAYABLE **Is the claim subject to offset?** ☑ No ☐ Yes	**Amount of claim** $848.88
	Date or dates debt was incurred 4/15/2020		
	Last 4 digits of account number:		

3.463. **Nonpriority creditor's name and mailing address**

KELLY G BURKENSTOCK MD APMC
2040 N CAUSEWAY BLVD
MANDEVILLE LA 70471

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$62.16

Date or dates debt was incurred

4/30/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.464. **Nonpriority creditor's name and mailing address**

KENNEDY, PAM
Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$591.63

Date or dates debt was incurred

4/20/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.465. **Nonpriority creditor's name and mailing address**

KENNEDY, TATE
Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$15.00

Date or dates debt was incurred

3/13/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.466. **Nonpriority creditor's name and mailing address**

KENNER EMERGENCY GRP LLC
PO BOX 679491
DALLAS TX 75267

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$1,683.18

Date or dates debt was incurred

4/30/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.467. **Nonpriority creditor's name and mailing address**

KENNER PHYSICIAN ASSOCIATES LL
PO BOX 2740
SLIDELL LA 70459

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$252.36

Date or dates debt was incurred

4/30/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.468. **Nonpriority creditor's name and mailing address**

KENTWOOD SPRINGS
PO BOX 660579
DALLAS TX 75266-0579

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$495.57

Date or dates debt was incurred

4/25/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.469. **Nonpriority creditor's name and mailing address**

KENTWOOD SPRINGS
P O BOX 660579
DALLAS LA 75266-0579

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$50.25

Date or dates debt was incurred

4/24/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.470. **Nonpriority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☑ Contingent
☑ Unliquidated
☑ Disputed

Amount of claim

UNDETERMINED

Date or dates debt was incurred

_____

Basis for the claim:

PENDING LITIGATION

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.471. **Nonpriority creditor's name and mailing address**

KIFF, REV HERBERT
Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$273.02

Date or dates debt was incurred

3/10/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

3.472. **Nonpriority creditor's name and mailing address**

KIM4KIDS
2237 N HULLEN ST
METAIRIE LA 70001

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$40.00

Date or dates debt was incurred

4/30/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.473. **Nonpriority creditor's name and mailing address**

KING ROWE
724 DUMAINE STREET # 8
NEW ORLEANS LA 70116

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$125.00

Date or dates debt was incurred

4/6/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.474. **Nonpriority creditor's name and mailing address**

KING ROWE
724 DUMAINE ST.
NEW ORLEANS LA 70116

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$70.00

Date or dates debt was incurred

4/30/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

3.475. **Nonpriority creditor's name and mailing address**

KLIBERT, TRAVIS
Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$140.00

Date or dates debt was incurred

9/20/2019

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.476. **Nonpriority creditor's name and mailing address**

KOLWE, CAROL
Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$75.00

Date or dates debt was incurred

4/22/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.477. **Nonpriority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

UNDETERMINED

Date or dates debt was incurred

_____

Basis for the claim:

WORKERS' COMPENSATION CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.478. **Nonpriority creditor's name and mailing address**

KRATZER, HAZEL
Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$75.00

Date or dates debt was incurred

4/24/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.479. **Nonpriority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☑ Contingent
☑ Unliquidated
☑ Disputed

Amount of claim

UNDETERMINED

Date or dates debt was incurred

_____

Basis for the claim:

PENDING LITIGATION

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.480. **Nonpriority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☑ Contingent
☑ Unliquidated
☑ Disputed

Amount of claim

UNDETERMINED

Date or dates debt was incurred

_____

Basis for the claim:

PENDING LITIGATION

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.481.	**Nonpriority creditor's name and mailing address** LA FEMME DE PAPIER, LLC PO BOX 1387 GRAY LA 70359	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed	**Amount of claim** $48.55
	Date or dates debt was incurred 4/8/2020	**Basis for the claim:** TRADE PAYABLE	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	

3.482.	**Nonpriority creditor's name and mailing address** LA PRIMARY CARE PO BOX 20785 BELFAST ME 04915	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed	**Amount of claim** $11.29
	Date or dates debt was incurred 4/30/2020	**Basis for the claim:** EMPLOYEE HEALTH CLAIM	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	

3.483.	**Nonpriority creditor's name and mailing address** LABCORP BIRMINGHAM PO BOX 2270 BURLINGTON NC 27216	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed	**Amount of claim** $378.04
	Date or dates debt was incurred 5/1/2020	**Basis for the claim:** EMPLOYEE HEALTH CLAIM	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

3.484. **Nonpriority creditor's name and mailing address**

LABCORP BURLINGTON
PO BOX 2270
BURLINGTON NC 27216

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$201.68

Date or dates debt was incurred

4/30/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.485. **Nonpriority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☑ Contingent
☑ Unliquidated
☑ Disputed

Amount of claim

UNDETERMINED

Date or dates debt was incurred

_____

Basis for the claim:

UNRESOLVED CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.486. **Nonpriority creditor's name and mailing address**

LAGARDE, EDDIE
Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$65.00

Date or dates debt was incurred

5/16/2019

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.487.	**Nonpriority creditor's name and mailing address** LAGOS, ASLNY Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed	**Amount of claim** $200.00
	Date or dates debt was incurred 3/18/2020	**Basis for the claim:** TRADE PAYABLE	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	

3.488.	**Nonpriority creditor's name and mailing address** LAKE SURGICAL HOSPITAL 1700 LINDBERG DR SLIDELL LA 70458	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed	**Amount of claim** $334.59
	Date or dates debt was incurred 4/30/2020	**Basis for the claim:** EMPLOYEE HEALTH CLAIM	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	

3.489.	**Nonpriority creditor's name and mailing address** LAMY, SEAN M Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed	**Amount of claim** $4.18
	Date or dates debt was incurred 4/30/2020	**Basis for the claim:** EMPLOYEE HEALTH CLAIM	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	

	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: *Check all that apply.*	Amount of claim
3.490.	LANASA, DOMINIC Address Intentionally Omitted	☐ Contingent ☐ Unliquidated ☐ Disputed	$42.84
	Date or dates debt was incurred 4/24/2020	**Basis for the claim:** TRADE PAYABLE	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	

	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: *Check all that apply.*	Amount of claim
3.491.	LANCE TURKISH MD APC 3434 PRYTANIA ST STE 305 NEW ORLEANS LA 70115	☐ Contingent ☐ Unliquidated ☐ Disputed	$20.00
	Date or dates debt was incurred 4/24/2020	**Basis for the claim:** EMPLOYEE HEALTH CLAIM	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	

	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: *Check all that apply.*	Amount of claim
3.492.	LANGLOW, EDWARD Address Intentionally Omitted	☐ Contingent ☐ Unliquidated ☐ Disputed	$192.44
	Date or dates debt was incurred 3/27/2020	**Basis for the claim:** EMPLOYEE HEALTH CLAIM	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: *Check all that apply.*	Amount of claim
3.493.	LARFARGUE PIANOS 1828 VETERANS BLVD METAIRIE LA 70005	☐ Contingent ☐ Unliquidated ☐ Disputed	$136.51
	Date or dates debt was incurred 4/30/2020	**Basis for the claim:** TRADE PAYABLE	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	

	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: *Check all that apply.*	Amount of claim
3.494.	LAWING PSYCHOLOGY 3601 CANAL ST UNIT A NEW ORLEANS LA 70119	☐ Contingent ☐ Unliquidated ☐ Disputed	$851.25
	Date or dates debt was incurred 4/30/2020	**Basis for the claim:** EMPLOYEE HEALTH CLAIM	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	

	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: *Check all that apply.*	Amount of claim
3.495.	LAWING PSYCHOLOGY LLC 5521 TCHOUPITOULAS ST NEW ORLEANS LA 70115	☐ Contingent ☐ Unliquidated ☐ Disputed	$851.25
	Date or dates debt was incurred 4/30/2020	**Basis for the claim:** EMPLOYEE HEALTH CLAIM	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

3.496.	**Nonpriority creditor's name and mailing address** LCMC - SBO P O BOX 733679 DALLAS TX 75373-3679	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed	**Amount of claim** $293.00
	Date or dates debt was incurred 4/27/2020	**Basis for the claim:** EMPLOYEE HEALTH CLAIM	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	
3.497.	**Nonpriority creditor's name and mailing address** LCMC URGENT CARE LLC 10319 JEFFERSON HWY BATON ROUGE LA 70809	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed	**Amount of claim** $1,216.88
	Date or dates debt was incurred 4/30/2020	**Basis for the claim:** EMPLOYEE HEALTH CLAIM	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	
3.498.	**Nonpriority creditor's name and mailing address** LEAF PO BOX 5066 HARTFORD CT 06102-5066	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☑ Disputed	**Amount of claim** $997.10
	Date or dates debt was incurred 4/23/2020	**Basis for the claim:** TRADE PAYABLE	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	

3.499. **Nonpriority creditor's name and mailing address**

LEAVELL, MARY EMILY
Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$159.46

Date or dates debt was incurred

1/20/2020-3/20/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.500. **Nonpriority creditor's name and mailing address**

LEBLANC, BRAD
Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$200.00

Date or dates debt was incurred

3/18/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.501. **Nonpriority creditor's name and mailing address**

LEBOEUF MSW LCSW BCD, GLENN D
6801 VETERANS MEMORIAL BLVD # J-2
METAIRIE LA 70003

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$3,840.00

Date or dates debt was incurred

4/27/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.502. **Nonpriority creditor's name and mailing address**

LEE TRACTOR CO.
P. O. BOX 939
KENNER LA 70063

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$419.13

Date or dates debt was incurred

4/27/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.503. **Nonpriority creditor's name and mailing address**

LEGER, PAM
Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$75.00

Date or dates debt was incurred

4/22/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.504. **Nonpriority creditor's name and mailing address**

LEMOINE, FARRAH
Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$1,200.00

Date or dates debt was incurred

1/21/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.505. **Nonpriority creditor's name and mailing address**

LENNIE, EARL
Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$100.00

Date or dates debt was incurred

1/1/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.506. **Nonpriority creditor's name and mailing address**

LEONARD, WILLIE
Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$198.47

Date or dates debt was incurred

4/24/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.507. **Nonpriority creditor's name and mailing address**

LETELLIER, MARIE D
Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$1,515.82

Date or dates debt was incurred

3/20/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.508. **Nonpriority creditor's name and mailing address**

LHSPLA
P.O. BOX 87151
BATON ROUGE LA 70879

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$40.00

Date or dates debt was incurred

3/15/2019

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.509. **Nonpriority creditor's name and mailing address**

LHSPLA
P.O. BOX 87151
BATON ROUGE LA 70879

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☑ Disputed

Amount of claim

$2,954.50

Date or dates debt was incurred

3/13/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.510. **Nonpriority creditor's name and mailing address**

LIFENET PSYCHIATRY
STE 504 500 MARINERS PLAZA DR
MANDEVILLE LA 70448

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$72.33

Date or dates debt was incurred

5/1/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.511. **Nonpriority creditor's name and mailing address**

LIMITLESS CHIROPRACTIC
1170 N HIGHWAY 1690 STE 2
COVINGTON LA 70433

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$135.32

Date or dates debt was incurred

4/30/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.512. **Nonpriority creditor's name and mailing address**

LINCARE INC
P O BOX 105760
ATLANTA GA 30348-5760

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$218.63

Date or dates debt was incurred

3/20/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.513. **Nonpriority creditor's name and mailing address**

LIQUID ENVIRONMENTAL SOLUTIONS
ACCOUNTS RECEIVABLE
P O BOX 733372
DALLAS TX 75373-3372

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$12.30

Date or dates debt was incurred

4/20/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.514. **Nonpriority creditor's name and mailing address**

LIRETTE, CAROL
Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$492.30

Date or dates debt was incurred

4/27/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.515. **Nonpriority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☑ Contingent
☑ Unliquidated
☑ Disputed

Amount of claim

UNDETERMINED

Date or dates debt was incurred

_____

Basis for the claim:

PENDING LITIGATION

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.516. **Nonpriority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☑ Contingent
☑ Unliquidated
☑ Disputed

Amount of claim

UNDETERMINED

Date or dates debt was incurred

_____

Basis for the claim:

UNRESOLVED CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.517. **Nonpriority creditor's name and mailing address**

LMEA (BLANK)
610 BLANCHE
METAIRIE LA 70003

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$60.00

Date or dates debt was incurred

2/14/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.518. **Nonpriority creditor's name and mailing address**

LMEA (MATHERNE)
ATTN: KATHRYN MATHERNE
610 BLANCHE ST.
METAIRIE LA 70003

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$325.00

Date or dates debt was incurred

3/6/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.519. **Nonpriority creditor's name and mailing address**

LMEA DISTRICT VI
P. O. BOX 12046
LAKE CHARLES LA 70612

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$475.00

Date or dates debt was incurred

3/1/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.520. **Nonpriority creditor's name and mailing address**

LMG LLC
PO BOX 14236
BELFAST ME 04915

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$427.03

Date or dates debt was incurred

4/30/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.521. **Nonpriority creditor's name and mailing address**

LOBB-ALEXIS
124 23RD STREET
KENNER LA 70062

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☑ Disputed

Amount of claim

$1,100.00

Date or dates debt was incurred

4/9/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.522. **Nonpriority creditor's name and mailing address**

LOBB'S HORTICULTURAL SPRAY
2308 RICHALND DR
KENNER LA 70062

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$700.00

Date or dates debt was incurred

4/25/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.523.	**Nonpriority creditor's name and mailing address** LOBELL, WAYNE Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** TRADE PAYABLE **Is the claim subject to offset?** ☑ No ☐ Yes	**Amount of claim** $612.28 **Date or dates debt was incurred** 4/28/2020 **Last 4 digits of account number:**
3.524.	**Nonpriority creditor's name and mailing address** LOBO, REV RAUL Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** TRADE PAYABLE **Is the claim subject to offset?** ☑ No ☐ Yes	**Amount of claim** $671.56 **Date or dates debt was incurred** 4/8/2020 **Last 4 digits of account number:**
3.525.	**Nonpriority creditor's name and mailing address** LOGO EXPRESS 649 YETTA AVE. HARVEY LA 70058	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** TRADE PAYABLE **Is the claim subject to offset?** ☑ No ☐ Yes	**Amount of claim** $224.90 **Date or dates debt was incurred** 2/1/2020 **Last 4 digits of account number:**

3.526. **Nonpriority creditor's name and mailing address**

LOU IRWIN LCSW LLC
PO BOX 56266
METAIRIE LA 70055

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$123.54

Date or dates debt was incurred

4/30/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.527. **Nonpriority creditor's name and mailing address**

LOU PIAZZA & ASSOCIATES LLC
3822 BIENVILLE AVE
NEW ORLEANS LA 70119

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$300.00

Date or dates debt was incurred

3/11/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.528. **Nonpriority creditor's name and mailing address**

LOUIS, JOY
Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$208.77

Date or dates debt was incurred

4/30/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.529. **Nonpriority creditor's name and mailing address**

LOUISIANA BOWLING PROPRIETORS
8788 FLORIDA BLVD
BATON ROUGE LA 70815

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$450.00

Date or dates debt was incurred

2/20/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.530. **Nonpriority creditor's name and mailing address**

LOUISIANA DHH
PO BOX 62866
NEW ORLEANS LA 70162

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$966.79

Date or dates debt was incurred

4/30/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.531. **Nonpriority creditor's name and mailing address**

LOUISIANA HEALTHCARE ASSOCIATE
71207 HIGHWAY 21
COVINGTON LA 70433

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$462.62

Date or dates debt was incurred

4/30/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.532. **Nonpriority creditor's name and mailing address**

LOUISIANA INTERCHURCH
CONFERENCE 527 NORTH BLVD 4TH FLOOR
BATON ROUGE LA 70802

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☑ Disputed

Amount of claim

$2,167.50

Date or dates debt was incurred

4/27/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

- ☑ No
- ☐ Yes

3.533. **Nonpriority creditor's name and mailing address**

LOUVIERE, MICHELE
Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Amount of claim

$153.54

Date or dates debt was incurred

10/25/2019

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

- ☑ No
- ☐ Yes

3.534. **Nonpriority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

- ☑ Contingent
- ☑ Unliquidated
- ☑ Disputed

Amount of claim

UNDETERMINED

Date or dates debt was incurred

_____

Basis for the claim:

PENDING LITIGATION

Last 4 digits of account number:

Is the claim subject to offset?

- ☑ No
- ☐ Yes

3.535. **Nonpriority creditor's name and mailing address**

LOWES BUSINESS ACCT.
P. O. BOX 530970
ATLANTA GA 30353-0970

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$57.05

Date or dates debt was incurred

4/1/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.536. **Nonpriority creditor's name and mailing address**

LSU HEALTHCARE NETWORK
PO BOX 919100
DALLAS TX 75391

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$766.46

Date or dates debt was incurred

4/30/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.537. **Nonpriority creditor's name and mailing address**

LSU POWERLIFTING CLUB / TEAM
102 STUDENT REC COMPLEX
BATON ROUGE LA 70803

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$300.00

Date or dates debt was incurred

3/3/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.538. **Nonpriority creditor's name and mailing address**

LUBA CASUALTY INSURANCE COMPANY
PO BOX 98082
BATON ROUGE LA 70892

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☑ Disputed

Amount of claim

$30,000.00

Date or dates debt was incurred

4/3/2020

Basis for the claim:

INSURANCE CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.539. **Nonpriority creditor's name and mailing address**

LUMINAIS, MSGR J ANTHONY
Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$985.30

Date or dates debt was incurred

4/8/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.540. **Nonpriority creditor's name and mailing address**

LUNKIN, DENICE
Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$250.00

Date or dates debt was incurred

4/15/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.541. **Nonpriority creditor's name and mailing address**

LUTCHER HIGH SCHOOL
ATTN: BULLDOG CLASSIC SOFTBALL
P. O. BOX 489
LUTCHER LA 70071

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$100.00

Date or dates debt was incurred

2/7/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.542. **Nonpriority creditor's name and mailing address**

MAGINNIS, MICHAEL
Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$4,900.00

Date or dates debt was incurred

4/30/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.543. **Nonpriority creditor's name and mailing address**

MALESIC, DENISE
Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$75.00

Date or dates debt was incurred

2/18/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.544. **Nonpriority creditor's name and mailing address**

MANGANO, ROBIN
Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$38.03

Date or dates debt was incurred

4/3/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.545. **Nonpriority creditor's name and mailing address**

MARIANITES OF HOLY CROSS
5500 ST MARY STREET
METAIRIE LA 70006

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$61.06

Date or dates debt was incurred

4/2/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.546. **Nonpriority creditor's name and mailing address**

MARIANITES OF HOLY CROSS
400 N. RAMPART STREET
NEW ORLEANS LA 70112

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$500.00

Date or dates debt was incurred

4/6/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.547. **Nonpriority creditor's name and mailing address**

MARIANITES OF THE HOLY CROSS
400 N. RAMPART STREET
NEW ORLEANS LA 70112

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$500.00

Date or dates debt was incurred

3/2/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.548. **Nonpriority creditor's name and mailing address**

MARILLAC COMMUNITY HEALTH CENTERS
P.O. BOX 4148
NEW ORLEANS LA 70118-4148

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$3,055.00

Date or dates debt was incurred

3/31/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.549. **Nonpriority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☑ Contingent
☑ Unliquidated
☑ Disputed

Amount of claim

UNDETERMINED

Date or dates debt was incurred

_____

Basis for the claim:

UNRESOLVED CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.550. **Nonpriority creditor's name and mailing address**

MARY BIRD PERKINS CANCER CENTE
DEPT 1299 PO BOX 11407
BIRMINGHAM AL 35246

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$255.31

Date or dates debt was incurred

4/30/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.551. **Nonpriority creditor's name and mailing address**

MATER DOLOROSA APARTMENTS
1226 S CARROLLTON AVE
NEW ORLEANS LA 70118

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$481.00

Date or dates debt was incurred

4/27/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.552. **Nonpriority creditor's name and mailing address**

MATHERNE'S SUPERMARKET
1424 W. AIRLINE HWY.
LAPLACE LA 70068

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$9.00

Date or dates debt was incurred

4/16/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.553. **Nonpriority creditor's name and mailing address**

MATTHEWS, MARY BETH
Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$75.00

Date or dates debt was incurred

4/22/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.554. **Nonpriority creditor's name and mailing address**

MATTHEWS, ROBERTO
Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$200.00

Date or dates debt was incurred

2/27/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.555. **Nonpriority creditor's name and mailing address**

MCATEE, BARBARA
OFFICE OF RELIGIOUS EDUCATION
Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$265.11

Date or dates debt was incurred

3/15/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.556. **Nonpriority creditor's name and mailing address**

MCCAFFERY, BAILEY
Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$444.00

Date or dates debt was incurred

4/22/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.557. **Nonpriority creditor's name and mailing address**

MCCAFFERY, TIM
Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$48.88

Date or dates debt was incurred

3/17/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.558. **Nonpriority creditor's name and mailing address**

MCCARTHY, SHARON
Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$75.00

Date or dates debt was incurred

4/22/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.559. **Nonpriority creditor's name and mailing address**

MCCLURE, KATHRYN
Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$3,018.17

Date or dates debt was incurred

8/30/2019

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.560. **Nonpriority creditor's name and mailing address**

MCCROSKEY, BO
Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$60.00

Date or dates debt was incurred

3/6/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.561. **Nonpriority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☑ Contingent
☑ Unliquidated
☑ Disputed

Amount of claim

UNDETERMINED

Date or dates debt was incurred

_____

Basis for the claim:

PENDING LITIGATION

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.562. **Nonpriority creditor's name and mailing address**

MCMAHON OMI, FR. DON
Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$139.16

Date or dates debt was incurred

3/13/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.563. **Nonpriority creditor's name and mailing address**

MCNEIL, BENJAMIN
3501 SEVERN AVE STE 8
METAIRIE LA 70002

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$19.50

Date or dates debt was incurred

4/30/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.564. **Nonpriority creditor's name and mailing address**

MEDICAL REVIEW INSTITUTE
LB 413020 PO BIX 35145
SEATTLE WA 98124

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$250.00

Date or dates debt was incurred

5/1/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.565. **Nonpriority creditor's name and mailing address**

MEDLINE INDUSTRIES INC
DEPT CH 14263
PALATINE IL 60055

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$199.20

Date or dates debt was incurred

4/30/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.566. **Nonpriority creditor's name and mailing address**

MEITLER
KEVIN LYNCH
39 BEECHWOOD ROAD
SUMMIT NJ 07901

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$23,840.00

Date or dates debt was incurred

CONTRACT PERIOD IS FROM MARCH -AUGUST 2020

Basis for the claim:

CONSULTING SERVICES - CONTRACT WITH INSTALLMENT PAYMENTS

Last 4 digits of account number:

Is the claim subject to offset?

☐ No
☐ Yes

3.567. **Nonpriority creditor's name and mailing address**

MEITLER CONSULTANTS INC
39 BEECHWOOD ROAD
SUMMIT NJ 07901

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☑ Disputed

Amount of claim

$60,300.00

Date or dates debt was incurred

4/27/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.568. **Nonpriority creditor's name and mailing address**

MEMORIAL HOSPITAL AT GULFPORT
PO BOX 15219
HATTIESBURG MS 39404

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$64.71

Date or dates debt was incurred

4/30/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.569. **Nonpriority creditor's name and mailing address**

MERCY FAMILY CENTER
PO BOX 776084
CHICAGO IL 60677

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$201.18

Date or dates debt was incurred

4/30/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.570. **Nonpriority creditor's name and mailing address**

MESSINA JR*JOSEPH
42 SEVEN OAKS RD
MARRERO LA 70072-5024

As of the petition filing date, the claim is: *Check all that apply.*

☑ Contingent
☑ Unliquidated
☑ Disputed

Amount of claim

UNDETERMINED

Date or dates debt was incurred

_____

Basis for the claim:

PENDING LITIGATION

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.571. **Nonpriority creditor's name and mailing address**

METAIRIE GENERAL SURGERY, LLC
4228 HOUMA BLVD STE 220
METAIRIE LA 70006

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$44.12

Date or dates debt was incurred

4/30/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.572. **Nonpriority creditor's name and mailing address**

METAIRIE INSTITUTE OF COMPREHE
PO BOX 1990
MANDEVILLE LA 70470

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$58.42

Date or dates debt was incurred

4/30/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.573. **Nonpriority creditor's name and mailing address**

METAIRIE ORTHO SPORTS MED LL
3001 DIVISION ST STE 204
METAIRIE LA 70002

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$478.97

Date or dates debt was incurred

4/24/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.574. **Nonpriority creditor's name and mailing address**

METAIRIE PHYSICIANS SERVICES I
PO BOX 54842
NEW ORLEANS LA 70154

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$3,016.99

Date or dates debt was incurred

4/30/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.575. **Nonpriority creditor's name and mailing address**

METROPOLITAN GASTROENTEROLOGY
PO BOX 1520
MARRERO LA 70073

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$104.34

Date or dates debt was incurred

4/30/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.576. **Nonpriority creditor's name and mailing address**

MIGILLIGAN, ALEXANDRA
Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$495.00

Date or dates debt was incurred

3/13/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.577. **Nonpriority creditor's name and mailing address**

MILES, CAROL
Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$79.59

Date or dates debt was incurred

4/17/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.578. **Nonpriority creditor's name and mailing address**

MILES, CAROL MSMSW
110 E 7TH AVE
COVINGTON LA 70433

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$79.59

Date or dates debt was incurred

3/27/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.579. **Nonpriority creditor's name and mailing address**

MILTZ, SIDNEY
Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$70.00

Date or dates debt was incurred

4/24/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.580. **Nonpriority creditor's name and mailing address**

MINOR, BRENDA
Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$160.00

Date or dates debt was incurred

4/24/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.581. **Nonpriority creditor's name and mailing address**

MINUTE MED CLINIC - AMBASSADOR
STE 100 3621 AMBASSADOR CAFFERY P
LAFAYETTE LA 70503

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$63.22

Date or dates debt was incurred

5/1/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.582. **Nonpriority creditor's name and mailing address**

MITCHELL, ARTHUR
Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$140.00

Date or dates debt was incurred

4/20/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.583. **Nonpriority creditor's name and mailing address**

MONTE MD, FRANK J
3800 HOUMA BLVD STE 230
METAIRIE LA 70006

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$62.16

Date or dates debt was incurred

4/30/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.584. **Nonpriority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☑ Contingent
☑ Unliquidated
☑ Disputed

Amount of claim

UNDETERMINED

Date or dates debt was incurred

_____

Basis for the claim:

PENDING LITIGATION

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.585. **Nonpriority creditor's name and mailing address**

MOODY, REV QUENTIN
Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$97.53

Date or dates debt was incurred

4/21/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.586.	**Nonpriority creditor's name and mailing address** MOORE, DENA Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** EMPLOYEE HEALTH CLAIM **Is the claim subject to offset?** ☑ No ☐ Yes	**Amount of claim** $89.59
	Date or dates debt was incurred 4/17/2020		
	Last 4 digits of account number:		
3.587.	**Nonpriority creditor's name and mailing address** MOOS, REBECCA Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** EMPLOYEE HEALTH CLAIM **Is the claim subject to offset?** ☑ No ☐ Yes	**Amount of claim** $159.18
	Date or dates debt was incurred 4/30/2020		
	Last 4 digits of account number:		
3.588.	**Nonpriority creditor's name and mailing address** MORICE, NATCHEZ Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** EMPLOYEE HEALTH CLAIM **Is the claim subject to offset?** ☑ No ☐ Yes	**Amount of claim** $77.54
	Date or dates debt was incurred 5/1/2020		
	Last 4 digits of account number:		

3.589. **Nonpriority creditor's name and mailing address**

MOSHER, FAITH M
Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$2.95

Date or dates debt was incurred

6/21/2019

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.590. **Nonpriority creditor's name and mailing address**

MOUNT CARMEL ACADEMY
7027 MILNE BLVD.
NEW ORLEANS LA 70124

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☑ Disputed

Amount of claim

$1,290.00

Date or dates debt was incurred

3/13/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.591. **Nonpriority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☑ Contingent
☑ Unliquidated
☑ Disputed

Amount of claim

$_____

Date or dates debt was incurred

_____

Basis for the claim:

UNRESOLVED CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.592. **Nonpriority creditor's name and mailing address**

MU ALPHA THETA
3200 MARSHALL AVE
NORMAN OK 73019

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$30.00

Date or dates debt was incurred

4/28/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.593. **Nonpriority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☑ Contingent
☑ Unliquidated
☑ Disputed

Amount of claim

UNDETERMINED

Date or dates debt was incurred

_____

Basis for the claim:

UNRESOLVED CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.594. **Nonpriority creditor's name and mailing address**

MUMPHREY, WILLIAM
Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$160.00

Date or dates debt was incurred

4/30/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: *Check all that apply.*	Amount of claim
3.595.	MYERS, DAVID Address Intentionally Omitted	☐ Contingent ☐ Unliquidated ☐ Disputed	$100.00
	Date or dates debt was incurred 5/1/2020	**Basis for the claim:** EMPLOYEE HEALTH CLAIM	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	

	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: *Check all that apply.*	Amount of claim
3.596.	MYRIAD GENETIC LABORATORIES PO BOX 645676 CINCINNATI OH 45264	☐ Contingent ☐ Unliquidated ☐ Disputed	$1,904.00
	Date or dates debt was incurred 4/30/2020	**Basis for the claim:** EMPLOYEE HEALTH CLAIM	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	

	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: *Check all that apply.*	Amount of claim
3.597.	N.O.VATIVE PRINTING 2727 N. CAUSEWAY BLVD. METAIRIE LA 70002	☐ Contingent ☐ Unliquidated ☑ Disputed	$2,601.85
	Date or dates debt was incurred 2/4/2020	**Basis for the claim:** TRADE PAYABLE	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	

3.598. **Nonpriority creditor's name and mailing address**

NARCISSE, MASON
Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$50.00

Date or dates debt was incurred

4/17/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.599. **Nonpriority creditor's name and mailing address**

NASSP/NHS
P.O. BOX 417939
BOSTON MA 02241-7939

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$385.00

Date or dates debt was incurred

4/24/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.600. **Nonpriority creditor's name and mailing address**

NATIONAL ASSOCIATION OF SPECIAL ED TEACHERS
1250 CONNECTICUT AVENUE, N.W.
SUITE 200
WASHINGTON DC 20036

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$250.00

Date or dates debt was incurred

4/2/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.601. **Nonpriority creditor's name and mailing address**

NELSON, SUSAN
Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$75.00

Date or dates debt was incurred

4/22/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.602. **Nonpriority creditor's name and mailing address**

NEW ORLEANS NEPHROLOGY
4409 UTICA ST
METAIRIE LA 70006

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$231.08

Date or dates debt was incurred

4/30/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.603. **Nonpriority creditor's name and mailing address**

NEW ORLEANS PEST MANAGEMENT
6125 CARTIER
NEW ORLEANS LA 70122

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$365.00

Date or dates debt was incurred

3/16/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.604. **Nonpriority creditor's name and mailing address**

NEW ORLEANS PHYSICIAN SERVICES
PO BOX 733564
DALLAS TX 75373

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$450.11

Date or dates debt was incurred

4/30/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.605. **Nonpriority creditor's name and mailing address**

NEWVILLE CELEBRATION CANDLES, INC.
P.O. BOX 1206
LEWISTON NY 14092

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$77.00

Date or dates debt was incurred

3/30/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.606. **Nonpriority creditor's name and mailing address**

NEXTEL - SPRINT
P.O. BOX 4181
CAROL STREAM IL 60197

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$116.70

Date or dates debt was incurred

4/29/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.607. **Nonpriority creditor's name and mailing address**

NGUYEN, DUY
Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$125.29

Date or dates debt was incurred

4/20/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.608. **Nonpriority creditor's name and mailing address**

NGUYEN, HAI N
Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$743.58

Date or dates debt was incurred

4/30/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.609. **Nonpriority creditor's name and mailing address**

NIA K. TEREZAKIS, M.D., APMC
3800 HOUMA BLVD STE 310
METAIRIE LA 70006

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$8.24

Date or dates debt was incurred

4/30/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.610. **Nonpriority creditor's name and mailing address**

NISSEL, LAURA
Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$271.00

Date or dates debt was incurred

4/15/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.611. **Nonpriority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☑ Contingent
☑ Unliquidated
☑ Disputed

Amount of claim

UNDETERMINED

Date or dates debt was incurred

_____

Basis for the claim:

UNRESOLVED CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.612. **Nonpriority creditor's name and mailing address**

NOLA ART THERAPY COUNSELING
STE 310 1000 VETERANS BLVD
METAIRIE LA 70005

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$268.77

Date or dates debt was incurred

4/30/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.613. **Nonpriority creditor's name and mailing address**

NOLA PHYSICIAN GROUP
PO BOX 733795
DALLAS LA 75373

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$31.50

Date or dates debt was incurred

4/24/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.614. **Nonpriority creditor's name and mailing address**

NORMAND, SHARON
Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$323.77

Date or dates debt was incurred

4/30/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.615. **Nonpriority creditor's name and mailing address**

NORTH OAKS MEDICAL CENTER LLC
PO BOX 1609
HAMMOND LA 70404

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$364.00

Date or dates debt was incurred

4/30/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.616.	**Nonpriority creditor's name and mailing address** NORTH OAKS PHYSICIAN GROUP PO BOX 3087 HAMMOND LA 70404	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed	**Amount of claim** $73.18
	Date or dates debt was incurred 4/30/2020	**Basis for the claim:** EMPLOYEE HEALTH CLAIM	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	

3.617.	**Nonpriority creditor's name and mailing address** NORTHLAKE GASTROENTEROLOGY ASS 16061 DOCTORS BLVD STE B HAMMOND LA 70403	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed	**Amount of claim** $35.45
	Date or dates debt was incurred 4/30/2020	**Basis for the claim:** EMPLOYEE HEALTH CLAIM	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	

3.618.	**Nonpriority creditor's name and mailing address** NORTHLAKE NEPHROLOGY INC. P O BOX 3370 COVINGTON LA 704343370	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed	**Amount of claim** $223.00
	Date or dates debt was incurred 1/14/2020	**Basis for the claim:** EMPLOYEE HEALTH CLAIM	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	

3.619. **Nonpriority creditor's name and mailing address**

NORTHSHORE PARENT
22266 LEVEL STREET
ABITA SPRINGS LA 70420

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$300.00

Date or dates debt was incurred

3/10/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.620. **Nonpriority creditor's name and mailing address**

NORTHSHORE SURGICAL CENTER
71207 HIGHWAY 21
COVINGTON LA 70433

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$250.00

Date or dates debt was incurred

4/30/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.621. **Nonpriority creditor's name and mailing address**

NOTRE DAME SEMINARY
2901 S CARROLLTON AVE.
NEW ORLEANS LA 70118

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☑ Disputed

Amount of claim

$975.00

Date or dates debt was incurred

4/25/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.622. **Nonpriority creditor's name and mailing address**

OAK TREE CHIROPRACTIC 'DBA' ME
STE 2F 5037 VETERANS BLVD
METAIRIE LA 70006

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$28.86

Date or dates debt was incurred

4/30/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.623. **Nonpriority creditor's name and mailing address**

OANO LLC
3434 PRYTANIA STREET
STE 430
NEW ORLEANS LA 70115

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$177.00

Date or dates debt was incurred

4/27/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.624. **Nonpriority creditor's name and mailing address**

OBGYN ASSOCIATES OF JONESBORO
PO BOX 60
SEARCY AR 72145

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$158.81

Date or dates debt was incurred

4/30/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.625. **Nonpriority creditor's name and mailing address**

OCHSNER BAPTIST A CAMPUS OF O
PO BOX 919140
DALLAS TX 75391

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$42,344.58

Date or dates debt was incurred

4/30/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.626. **Nonpriority creditor's name and mailing address**

OCHSNER CLINIC LLC BR
PO BOX 54851
NEW ORLEANS LA 70154

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$341.06

Date or dates debt was incurred

4/30/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.627. **Nonpriority creditor's name and mailing address**

OCHSNER CLINIC LLC NO
P O BOX 54854
NEW ORLEANS LA 70154

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$671.61

Date or dates debt was incurred

4/27/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.628. **Nonpriority creditor's name and mailing address**

OCHSNER CLINIC LLC NO
PO BOX 54851
NEW ORLEANS LA 70154

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$19,991.68

Date or dates debt was incurred

4/30/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.629. **Nonpriority creditor's name and mailing address**

OCHSNER HEALTH SYSTEM
OCHSNER SERVICE AREA
P O BOX 61838
NEW ORLEANS LA 70116

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$30.00

Date or dates debt was incurred

3/16/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.630. **Nonpriority creditor's name and mailing address**

OCHSNER HOME MEDICAL EQUIPMENT
501 COOLIDGE ST
NEW ORLEANS LA 70121

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$255.98

Date or dates debt was incurred

5/1/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.631. **Nonpriority creditor's name and mailing address**

OCHSNER MEDICAL CENTER
PO BOX 919140
DALLAS TX 75391

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$59,433.43

Date or dates debt was incurred

4/30/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.632. **Nonpriority creditor's name and mailing address**

OCHSNER MEDICAL CENTER BATON R
PO BOX 919218
DALLAS TX 75391

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$100.00

Date or dates debt was incurred

5/1/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.633. **Nonpriority creditor's name and mailing address**

OCHSNER MEDICAL CENTER KENNER
PO BOX 54741
NEW ORLEANS LA 70154

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$1,900.64

Date or dates debt was incurred

5/1/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.634. **Nonpriority creditor's name and mailing address**

OCHSNER MEDICAL CENTER NORTHSH
PO BOX 54169
NEW ORLEANS LA 70154

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$11,436.11

Date or dates debt was incurred

4/30/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.635. **Nonpriority creditor's name and mailing address**

OCHSNER MEDICAL CENTER WESTBAN
PO BOX 919140
DALLAS TX 75391

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$2,015.92

Date or dates debt was incurred

5/1/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.636. **Nonpriority creditor's name and mailing address**

OFFICE DEPOT
PO BOX 88040
CHICAGO IL 60680

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$193.05

Date or dates debt was incurred

4/16/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.637. **Nonpriority creditor's name and mailing address**

OFFICE DEPOT BUSINESS ACCT.
DEPT. 11 - 6003538615
P. O. BOX 9001036
LOUISVILLE KY 40290

Date or dates debt was incurred

3/25/2020

Last 4 digits of account number:

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

TRADE PAYABLE

Is the claim subject to offset?

☑ No
☐ Yes

Amount of claim

$80.76

3.638. **Nonpriority creditor's name and mailing address**

OFFICE DEPOT BUSINESS CREDIT
DEPT 56 - 4204440316
P.O. BOX 78004
PHOENIX AZ 85062-8004

Date or dates debt was incurred

4/16/2020

Last 4 digits of account number:

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

TRADE PAYABLE

Is the claim subject to offset?

☑ No
☐ Yes

Amount of claim

$228.51

3.639. **Nonpriority creditor's name and mailing address**

Name and Address Intentionally Omitted

Date or dates debt was incurred

_____

Last 4 digits of account number:

As of the petition filing date, the claim is: *Check all that apply.*

☑ Contingent
☑ Unliquidated
☑ Disputed

Basis for the claim:

UNRESOLVED CLAIM

Is the claim subject to offset?

☑ No
☐ Yes

Amount of claim

UNDETERMINED

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

3.640. **Nonpriority creditor's name and mailing address**

OMNICARE OF NEW ORLEANS
P O BOX 713611
CINCINNATI OH 45271-3611

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$788.59

Date or dates debt was incurred

4/4/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.641. **Nonpriority creditor's name and mailing address**

ONE DIRECTIONS HEALTHCARE LLC
659 BROWNSWITCH RD
SLIDELL LA 70458

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$116.49

Date or dates debt was incurred

5/1/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.642. **Nonpriority creditor's name and mailing address**

ONEIL, MARIE T
Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$716.31

Date or dates debt was incurred

5/1/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

3.643. **Nonpriority creditor's name and mailing address**

OPTIMUM SLEEP LLC
2718 CADIZ ST
NEW ORLEANS LA 70115

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$42.16

Date or dates debt was incurred

10/4/2019

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.644. **Nonpriority creditor's name and mailing address**

OPTION CARE HEALTH
PO BOX 418711
BOSTON MA 02241

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$1,552.50

Date or dates debt was incurred

4/30/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.645. **Nonpriority creditor's name and mailing address**

OPTUMRX FOR RX CLAIMS
OPTUM RX SOLUTIONS
DEPT 8765
LOS ANGELES CA 90088-8765

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$779,622.18

Date or dates debt was incurred

4/1/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: *Check all that apply.*	Amount of claim
3.646.	ORDER OF OPSE 1601 PERDIDO ST. NEW ORLEANS LA 70112	☐ Contingent ☐ Unliquidated ☐ Disputed	$162.79
	Date or dates debt was incurred 12/12/2019	**Basis for the claim:** TRADE PAYABLE	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	

	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: *Check all that apply.*	Amount of claim
3.647.	ORTHOPAEDIC SPECIALISTS OF NEW PO BOX 12722 BELFAST ME 04915	☐ Contingent ☐ Unliquidated ☐ Disputed	$44.12
	Date or dates debt was incurred 4/30/2020	**Basis for the claim:** EMPLOYEE HEALTH CLAIM	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	

	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: *Check all that apply.*	Amount of claim
3.648.	ORTHOPEDIC AND SPORTS THERAPY 3921 WILLIAMS BLVD KENNER LA 70065	☐ Contingent ☐ Unliquidated ☐ Disputed	$60.00
	Date or dates debt was incurred 4/30/2020	**Basis for the claim:** EMPLOYEE HEALTH CLAIM	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	

3.649. **Nonpriority creditor's name and mailing address**

ORTHOPTIC REHAB CLINIC OF META
3939 HOUMA BLVD STE 17
METAIRIE LA 70006

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$40.00

Date or dates debt was incurred

4/30/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.650. **Nonpriority creditor's name and mailing address**

ORTHOPTICS INC
3939 HOUMA BLVD STE 17
METAIRIE LA 70006

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$90.00

Date or dates debt was incurred

4/30/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.651. **Nonpriority creditor's name and mailing address**

OUR LADY OF LOURDES
345 WESTCHESTER PLACE
SLIDELL LA 70458

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$10,617.00

Date or dates debt was incurred

4/2/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.652. **Nonpriority creditor's name and mailing address**

OUR LADY OF PERPETUAL HELP SCHOOL
8970 HIGHWAY 23
BELLE CHASSE LA 70037

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☑ Disputed

Amount of claim

$5,500.00

Date or dates debt was incurred

4/8/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

- ☑ No
- ☐ Yes

3.653. **Nonpriority creditor's name and mailing address**

OUR LADY OF PERPETUAL HELP SCHOOL
531 WILLIAMS BLVD.
KENNER LA 70062

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☑ Disputed

Amount of claim

$2,100.00

Date or dates debt was incurred

4/20/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

- ☑ No
- ☐ Yes

3.654. **Nonpriority creditor's name and mailing address**

OUR LADY OF PROMPT SUCCOR
146 FOURTH STREET
WESTWEGO LA 70094-4297

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Amount of claim

$600.00

Date or dates debt was incurred

4/1/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

- ☑ No
- ☐ Yes

3.655. **Nonpriority creditor's name and mailing address**

OUR LADY OF PROMPT SUCCOR SCHOOL
531 AVENUE A
WESTWEGO LA 70094

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☑ Disputed

Amount of claim

$2,350.00

Date or dates debt was incurred

4/20/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

- ☑ No
- ☐ Yes

3.656. **Nonpriority creditor's name and mailing address**

OUR LADY OF THE LAKE PHYSICIAN
PO BOX 677957
DALLAS TX 75267

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Amount of claim

$101.64

Date or dates debt was incurred

5/1/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

- ☑ No
- ☐ Yes

3.657. **Nonpriority creditor's name and mailing address**

OUR LADY OF THE LAKE RMC
DEPT A PO BOX 679308
DALLAS TX 75267

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Amount of claim

$4,798.21

Date or dates debt was incurred

4/30/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

- ☑ No
- ☐ Yes

3.658. **Nonpriority creditor's name and mailing address**

OUR SUNDAY VISITOR
PO BOX 4013
CAROL STREAM IL 60197

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☑ Disputed

Amount of claim

$1,457.79

Date or dates debt was incurred

4/30/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

- ☑ No
- ☐ Yes

3.659. **Nonpriority creditor's name and mailing address**

OUTPATIENT EYE SURGERY CENTER
DEPT AT 952520
ATLANTA GA 31192

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Amount of claim

$944.99

Date or dates debt was incurred

4/30/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

- ☑ No
- ☐ Yes

3.660. **Nonpriority creditor's name and mailing address**

OZANAM INN
843 CAMP ST
NEW ORLEANS LA 70130

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Amount of claim

$500.00

Date or dates debt was incurred

4/27/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

- ☑ No
- ☐ Yes

3.661. **Nonpriority creditor's name and mailing address**

PAML
DEPT NUMBER 10017
PO BOX 3780
TUPELO MS 38803

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$16.74

Date or dates debt was incurred

5/1/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.662. **Nonpriority creditor's name and mailing address**

PAN AMERICAN LIFE
P.O. BOX 919252
DALLAS TX 75391-2952

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$21.10

Date or dates debt was incurred

4/30/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.663. **Nonpriority creditor's name and mailing address**

PAN-AMERICAN LIFE INSURANCE COMPANY
P.O. BOX 919252
DALLAS TX 75391-9252

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$53.30

Date or dates debt was incurred

4/23/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: *Check all that apply.*	Amount of claim
3.664.	PANEPINTO, RORY Address Intentionally Omitted	☐ Contingent ☐ Unliquidated ☐ Disputed	$120.09
	Date or dates debt was incurred 4/30/2020	**Basis for the claim:** EMPLOYEE HEALTH CLAIM	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	

	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: *Check all that apply.*	Amount of claim
3.665.	PAPA JOHN'S 2625 DAVID DR. METAIRIE LA 70003	☐ Contingent ☐ Unliquidated ☐ Disputed	$193.00
	Date or dates debt was incurred 3/31/2020	**Basis for the claim:** TRADE PAYABLE	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	

	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: *Check all that apply.*	Amount of claim
3.666.	PARADIGM HEALTH SYSTEM P O BOX 1224 SLIDELL LA 70459	☐ Contingent ☐ Unliquidated ☐ Disputed	$35.00
	Date or dates debt was incurred 4/20/2020	**Basis for the claim:** EMPLOYEE HEALTH CLAIM	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	

3.667. **Nonpriority creditor's name and mailing address**

PARADIGM HEALTH SYSTEM
PO BOX 1224
SLIDELL LA 70459

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$206.03

Date or dates debt was incurred

4/30/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.668. **Nonpriority creditor's name and mailing address**

PARISH ANES OF TULANE
PO BOX 919124
DALLAS TX 75391

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$297.00

Date or dates debt was incurred

4/30/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.669. **Nonpriority creditor's name and mailing address**

PASAM, RAO
Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$72.39

Date or dates debt was incurred

4/30/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.670. **Nonpriority creditor's name and mailing address**

PATRICIA C. ESTRADA, M.D. APMC
4700 WICHERS DR STE 101
MARRERO LA 70072

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$6.03

Date or dates debt was incurred

4/24/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.671. **Nonpriority creditor's name and mailing address**

PAURATORE LCSW, I SUZANNE
PO BOX 82078
BATON ROUGE LA 70884

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$179.18

Date or dates debt was incurred

4/24/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.672. **Nonpriority creditor's name and mailing address**

PAYSSE, REV WAYNE
Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$105.00

Date or dates debt was incurred

4/8/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.673. **Nonpriority creditor's name and mailing address**

PCP URGENT CARE HOLDINGS
246 7515 JEFFERSON HWY
BATON ROUGE LA 70806

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$95.00

Date or dates debt was incurred

5/1/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.674. **Nonpriority creditor's name and mailing address**

PEARL ACRES PEDIATRICS
59125 N PEARL DR
SLIDELL LA 70461

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$515.92

Date or dates debt was incurred

4/30/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.675. **Nonpriority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☑ Contingent
☑ Unliquidated
☑ Disputed

Amount of claim

UNDETERMINED

Date or dates debt was incurred

_____

Basis for the claim:

UNRESOLVED CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.676.	**Nonpriority creditor's name and mailing address** PERCLE, RYAN Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** TRADE PAYABLE **Is the claim subject to offset?** ☑ No ☐ Yes	**Amount of claim** $195.00
	Date or dates debt was incurred 1/14/2020 **Last 4 digits of account number:**		
3.677.	**Nonpriority creditor's name and mailing address** Name and Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** EMPLOYEE HEALTH CLAIM **Is the claim subject to offset?** ☑ No ☐ Yes	**Amount of claim** $13.57
	Date or dates debt was incurred 8/23/2019 **Last 4 digits of account number:**		
3.678.	**Nonpriority creditor's name and mailing address** PETER VERRET JUMP START TEAM CAMP AT HLB #1 RESERVATION CT GRAY LA 70359	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** TRADE PAYABLE **Is the claim subject to offset?** ☑ No ☐ Yes	**Amount of claim** $220.00
	Date or dates debt was incurred 2/4/2020 **Last 4 digits of account number:**		

3.679. **Nonpriority creditor's name and mailing address**

PETRA
1036 W. AIRLINE HWY.
LAPLACE LA 70068

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$70.00

Date or dates debt was incurred

10/2/2019

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.680. **Nonpriority creditor's name and mailing address**

PHUONG T VO MD APMC
7521 WESTBANK EXPY STE E
MARRERO LA 70072

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$48.42

Date or dates debt was incurred

4/30/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.681. **Nonpriority creditor's name and mailing address**

PHYSICIAN PRACTICE PARTNERS
DEPT 3718
PO BOX 123718
DALLAS TX 75312

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$125.00

Date or dates debt was incurred

12/13/2019

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.682. **Nonpriority creditor's name and mailing address**

PIERCE, BEVERLY
Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$75.00

Date or dates debt was incurred

4/22/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.683. **Nonpriority creditor's name and mailing address**

PINNACLE ELEVATOR
2201 GREENWOOD STREET
KENNER LA 70062

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$530.00

Date or dates debt was incurred

4/20/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.684. **Nonpriority creditor's name and mailing address**

PISCIOTTA, DEANA
Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$1,370.00

Date or dates debt was incurred

VARIOUS

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.685. **Nonpriority creditor's name and mailing address**

PITFIELD, CHAD
Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$632.00

Date or dates debt was incurred

3/6/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.686. **Nonpriority creditor's name and mailing address**

PITNEY BOWES PURCHASE POWER
P.O. BOX 371874
PITTSBURGH PA 15250

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$301.50

Date or dates debt was incurred

4/15/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.687. **Nonpriority creditor's name and mailing address**

PIZZOLATTO, DANIELLE
Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$316.00

Date or dates debt was incurred

3/10/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.688. **Nonpriority creditor's name and mailing address**

PLAYMAKERS INDOOR SPORTS
800 WINDWARD DR.
COVINGTON LA 70433

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☑ Disputed

Amount of claim

$2,950.00

Date or dates debt was incurred

4/22/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.689. **Nonpriority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☑ Contingent
☑ Unliquidated
☑ Disputed

Amount of claim

UNDETERMINED

Date or dates debt was incurred

_____

Basis for the claim:

PENDING LITIGATION

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.690. **Nonpriority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☑ Contingent
☑ Unliquidated
☑ Disputed

Amount of claim

UNDETERMINED

Date or dates debt was incurred

_____

Basis for the claim:

PENDING LITIGATION

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

3.691.	**Nonpriority creditor's name and mailing address** POND SOLUTIONS, LLC 72129 HWY 1077 COVINGTON LA 70433	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed	**Amount of claim** $110.00
	Date or dates debt was incurred 4/22/2020	**Basis for the claim:** TRADE PAYABLE	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	
3.692.	**Nonpriority creditor's name and mailing address** PORCHE, HEATHER Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed	**Amount of claim** $494.41
	Date or dates debt was incurred 4/30/2020	**Basis for the claim:** EMPLOYEE HEALTH CLAIM	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	
3.693.	**Nonpriority creditor's name and mailing address** POSITIVE LIVING TREATMENT CENT 3330 CANAL ST NEW ORLEANS LA 70119	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed	**Amount of claim** $108.39
	Date or dates debt was incurred 5/1/2020	**Basis for the claim:** EMPLOYEE HEALTH CLAIM	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

3.694. **Nonpriority creditor's name and mailing address**

POUEY, KRISTEN
Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$60.00

Date or dates debt was incurred

4/22/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.695. **Nonpriority creditor's name and mailing address**

POWER, CECELIA
Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$501.23

Date or dates debt was incurred

4/24/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.696. **Nonpriority creditor's name and mailing address**

PRECISION PSI INC
P O BOX 640297
KENNER LA 70064

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☑ Disputed

Amount of claim

$1,298.39

Date or dates debt was incurred

2/18/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.697. **Nonpriority creditor's name and mailing address**

PREGEANT, ANDREA
Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$43.06

Date or dates debt was incurred

4/30/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.698. **Nonpriority creditor's name and mailing address**

PRICE, JULIE
Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$94.88

Date or dates debt was incurred

4/30/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.699. **Nonpriority creditor's name and mailing address**

PRICE, WADE
Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$155.00

Date or dates debt was incurred

1/28/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.700. **Nonpriority creditor's name and mailing address**

PRIMARY CARE PLUS NAPOLEON
PO BOX 207141
DALLAS TX 75320

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$8.79

Date or dates debt was incurred

4/30/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.701. **Nonpriority creditor's name and mailing address**

PRIMES, TIMOTHY
Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$18.06

Date or dates debt was incurred

9/12/2019

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.702. **Nonpriority creditor's name and mailing address**

PROFESSIONAL MUSIC
307 S. ALEXANDER ST.
NEW ORLEANS LA 70119

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☑ Disputed

Amount of claim

$1,000.00

Date or dates debt was incurred

4/30/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

3.703. **Nonpriority creditor's name and mailing address**

PRO'S PEST CONTROL SERVICE, INC
147 EDEN ISLES BLVD
SLIDELL LA 70458

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$205.00

Date or dates debt was incurred

4/24/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.704. **Nonpriority creditor's name and mailing address**

PROVENSAL, MEREDITH
8654 PONCHARTRAIN BLVD, UNIT 1
NEW ORLEANS LA 70124

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$60.00

Date or dates debt was incurred

4/22/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.705. **Nonpriority creditor's name and mailing address**

QUEST DIAGNOSTICS
PO BOX 822546
PHILADELPHIA PA 19182

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$10.10

Date or dates debt was incurred

4/30/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.706. **Nonpriority creditor's name and mailing address**

QUEST DIAGNOSTICS ATLANTA
PO BOX 41733
PHILADELPHIA PA 19101

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$706.48

Date or dates debt was incurred

4/30/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.707. **Nonpriority creditor's name and mailing address**

R A S L DBA ACCESS RADIOLOGY
PO BOX 919112
DALLAS TX 75391

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$261.98

Date or dates debt was incurred

5/1/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.708. **Nonpriority creditor's name and mailing address**

R WILLIAM JUNIUS III MD LLC
PO BOX 9795
BELFAST ME 04915

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$74.18

Date or dates debt was incurred

4/30/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.709. **Nonpriority creditor's name and mailing address**

RADIOLOGY ASSOCIATES LLC
PO BOX 919329
DALLAS TX 75391

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$294.49

Date or dates debt was incurred

4/30/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.710. **Nonpriority creditor's name and mailing address**

RADIOLOGY INTERVENTIONAL
PO BOX 8090
METAIRIE LA 70011

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$443.52

Date or dates debt was incurred

5/1/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.711. **Nonpriority creditor's name and mailing address**

RAENELL HOUSTON M. ED.
120 JESUIT BEND DRIVE
BELLE CHASSE LA 70037

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$628.72

Date or dates debt was incurred

2/18/2020

Basis for the claim:

EMPLOYEE EXPENSE REIMB

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.712. **Nonpriority creditor's name and mailing address**

RAGUSA, PATRICIA
Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$75.00

Date or dates debt was incurred

4/22/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.713. **Nonpriority creditor's name and mailing address**

RAPID URGENT CARE, INC
1111 N CAUSEWAY BLVD
MANDEVILLE LA 70471

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$435.00

Date or dates debt was incurred

5/1/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.714. **Nonpriority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☑ Contingent
☑ Unliquidated
☑ Disputed

Amount of claim

UNDETERMINED

Date or dates debt was incurred

_____

Basis for the claim:

PENDING LITIGATION

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.715. **Nonpriority creditor's name and mailing address**

RED STICK SPORTS
5770 ESSEN LANE
BATON ROUGE LA 70809

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☑ Disputed

Amount of claim

$3,915.41

Date or dates debt was incurred

4/8/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

- ☑ No
- ☐ Yes

3.716. **Nonpriority creditor's name and mailing address**

REEKS, JESSE
Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Amount of claim

$150.00

Date or dates debt was incurred

4/20/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

- ☑ No
- ☐ Yes

3.717. **Nonpriority creditor's name and mailing address**

REGIONAL RADIOLOGY
PO BOX 2189
CHALMETTE LA 70044

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Amount of claim

$37.00

Date or dates debt was incurred

4/17/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

- ☑ No
- ☐ Yes

3.718. **Nonpriority creditor's name and mailing address**

REGIONAL RADIOLOGY, LLC
PO BOX 2189
CHALMETTE LA 70044

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$43,575.72

Date or dates debt was incurred

5/1/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.719. **Nonpriority creditor's name and mailing address**

REHAB DYNAMICS
476 FALCONER DRIVE
COVINGTON LA 70433

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$403.00

Date or dates debt was incurred

4/29/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.720. **Nonpriority creditor's name and mailing address**

RELIASTAR LIFE INS CO
3702 PAYSPHERE CIRCLE
CHICAGO IL 60674

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$223.54

Date or dates debt was incurred

3/20/2020, 4/20/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.721. **Nonpriority creditor's name and mailing address**

RELIASTAR LIFE INSURANCE CO. OF NEW YORK
3702 PAYSHPERE CIRCLE
CHICAGO IL 60674

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$30.12

Date or dates debt was incurred

4/15/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.722. **Nonpriority creditor's name and mailing address**

RESILIENCE PSYCHOTHERAPY PLLC
3427 WASHINGTON AVE
GULFPORT MS 39507

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$40.00

Date or dates debt was incurred

4/30/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.723. **Nonpriority creditor's name and mailing address**

RESILIENCE PSYCHOTHERAPY PLLC
3427 WASHINGTON AVE
GULF PORT MS 39507

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$40.00

Date or dates debt was incurred

4/30/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.724. **Nonpriority creditor's name and mailing address**

RESURRECTION OF OUR LORD SCHOOL
4861 ROSALIA DRIVE
NEW ORLEANS LA 70127

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☑ Disputed

Amount of claim

$2,700.00

Date or dates debt was incurred

4/20/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.725. **Nonpriority creditor's name and mailing address**

RETINA & VITREOUS OF LOUISIANA
10202 JEFFERSON HWY STE D
BATON ROUGE LA 70809

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$1,361.90

Date or dates debt was incurred

5/1/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.726. **Nonpriority creditor's name and mailing address**

RETIRED PRIESTS UNFUNDED RETIREMENT LIABILITY

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$47,570,551.00

Date or dates debt was incurred

_____

Basis for the claim:

UNFUNDED PENSION

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.727. **Nonpriority creditor's name and mailing address**

RICCO IMPASTATO
826 FOCIS ST
METAIRIE LA 70005

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$17.00

Date or dates debt was incurred

4/30/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.728. **Nonpriority creditor's name and mailing address**

RICH, GERALD
Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$79.59

Date or dates debt was incurred

4/30/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.729. **Nonpriority creditor's name and mailing address**

RICOH USA INC
P O BOX 660342
DALLAS TX 75266-0342

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☑ Disputed

Amount of claim

$1,440.51

Date or dates debt was incurred

4/15/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.730. **Nonpriority creditor's name and mailing address**

RICOH USA, INC
P.O. BOX 660342
DALLAS TX 75266-0342

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$254.68

Date or dates debt was incurred

4/12/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.731. **Nonpriority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☑ Contingent
☑ Unliquidated
☑ Disputed

Amount of claim

UNDETERMINED

Date or dates debt was incurred

_____

Basis for the claim:

UNRESOLVED CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.732. **Nonpriority creditor's name and mailing address**

RIVERSIDE URGENT CARE
10319 JEFFERSON HWY
BATON ROUGE LA 70809

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$342.22

Date or dates debt was incurred

4/30/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

3.733.	**Nonpriority creditor's name and mailing address** RIZZO, ELIZABETH Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed	**Amount of claim** $200.00
	Date or dates debt was incurred 3/17/2020	**Basis for the claim:** TRADE PAYABLE	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	

3.734.	**Nonpriority creditor's name and mailing address** ROCKY AND CARLO'S RESTAURANT 613 W. ST. BERNARD HIGHWAY CHALMETTE LA 70043	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☑ Disputed	**Amount of claim** $910.00
	Date or dates debt was incurred 3/13/2020	**Basis for the claim:** TRADE PAYABLE	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	

3.735.	**Nonpriority creditor's name and mailing address** RODRIGUEZ, SUSAN Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed	**Amount of claim** $766.77
	Date or dates debt was incurred 2/18/2020	**Basis for the claim:** TRADE PAYABLE	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	

3.736. **Nonpriority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☑ Contingent
☑ Unliquidated
☑ Disputed

Amount of claim

UNDETERMINED

Date or dates debt was incurred

_____

Basis for the claim:

PENDING LITIGATION

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.737. **Nonpriority creditor's name and mailing address**

ROLLAND
P O BOX 671334
DALLAS TX 75267

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$34.94

Date or dates debt was incurred

3/19/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.738. **Nonpriority creditor's name and mailing address**

ROLSTON III, WILLIAM AIRTH
Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$213.05

Date or dates debt was incurred

4/30/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.739. **Nonpriority creditor's name and mailing address**

ROLSTON, WILLIAM
Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$504.69

Date or dates debt was incurred

4/30/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.740. **Nonpriority creditor's name and mailing address**

ROMAGUERA
2319 METAIRIE ROAD
METAIRIE LA 70001

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☑ Disputed

Amount of claim

$1,700.00

Date or dates debt was incurred

4/1/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.741. **Nonpriority creditor's name and mailing address**

ROMAGUERA PHOTOGRAPHY
2319 METAIRIE RD.
METAIRIE LA 70001

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$440.19

Date or dates debt was incurred

4/30/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.742. **Nonpriority creditor's name and mailing address**

ROQUES, STEVEN
Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$36.19

Date or dates debt was incurred

8/29/2019

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.743. **Nonpriority creditor's name and mailing address**

ROSBURY, JEFF
Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$105.00

Date or dates debt was incurred

3/1/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.744. **Nonpriority creditor's name and mailing address**

ROTH, JEFF
Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$1,500.00

Date or dates debt was incurred

FEB-APR 2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.745. **Nonpriority creditor's name and mailing address**

ROTOLO CONSULTANTS, INC
38001 BROWNSVILLAGE ROAD
SLIDELL LA 70460

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☑ Disputed

Amount of claim

$883.45

Date or dates debt was incurred

4/21/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.746. **Nonpriority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☑ Contingent
☑ Unliquidated
☑ Disputed

Amount of claim

UNDETERMINED

Date or dates debt was incurred

_____

Basis for the claim:

PENDING LITIGATION

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.747. **Nonpriority creditor's name and mailing address**

SALADINO, RANDY.
Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$66.79

Date or dates debt was incurred

3/10/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.748. **Nonpriority creditor's name and mailing address**

SALESIAN SISTERS
608 1ST AVENUE
HARVEY LA 70058

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☑ Disputed

Amount of claim

$6,454.16

Date or dates debt was incurred

04/01/2020 - 04/30/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.749. **Nonpriority creditor's name and mailing address**

SAMPERE, FRANK
Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$400.00

Date or dates debt was incurred

4/27/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.750. **Nonpriority creditor's name and mailing address**

SAM'S CLUB
P.O. BOX 530981
ATLANTA GA 30353-0981

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$678.17

Date or dates debt was incurred

4/27/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

3.751. **Nonpriority creditor's name and mailing address**

SAM'S CLUB
PO BOX 530981
ATLANTA GA 30353-0981

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$75.00

Date or dates debt was incurred

4/1-4/29

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.752. **Nonpriority creditor's name and mailing address**

SANCHEZ, ALEXIS
Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$40.00

Date or dates debt was incurred

4/24/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.753. **Nonpriority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☑ Contingent
☑ Unliquidated
☑ Disputed

Amount of claim

UNDETERMINED

Date or dates debt was incurred

_____

Basis for the claim:

UNRESOLVED CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.754. **Nonpriority creditor's name and mailing address**

SANCHO, MICHAEL
Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$236.14

Date or dates debt was incurred

4/15/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.755. **Nonpriority creditor's name and mailing address**

SANOVA DERMATOLOGY
PO BOX 679419
DALLAS TX 75267

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$71.73

Date or dates debt was incurred

4/30/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.756. **Nonpriority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☑ Contingent
☑ Unliquidated
☑ Disputed

Amount of claim

UNDETERMINED

Date or dates debt was incurred

_____

Basis for the claim:

PENDING LITIGATION

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.757. **Nonpriority creditor's name and mailing address**

SCHEUERMANN, MAUREEN
Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$83.09

Date or dates debt was incurred

3/10/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.758. **Nonpriority creditor's name and mailing address**

SCHIPANI, SR. KATHLEEN
MARY IMMACULATE COVENANT
Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$416.37

Date or dates debt was incurred

3/17/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.759. **Nonpriority creditor's name and mailing address**

SCHNEIDER, KEVIN & ANDREA = ALYSSA = KATELIN = KRISTIN
Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$20.00

Date or dates debt was incurred

4/2/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.760. **Nonpriority creditor's name and mailing address**

SCHOLASTIC TESTING SERVICE
4320 GREEN ASH DR.
EARTH CITY MO 63045

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$68.00

Date or dates debt was incurred

4/1/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.761. **Nonpriority creditor's name and mailing address**

SCHOOL FOOD AND NUTRITION
SSA CAFETERIAN
122 S. MASSACHUSETTS ST.
COVINGTON LA 70433

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$273.35

Date or dates debt was incurred

4/30/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.762. **Nonpriority creditor's name and mailing address**

SCHWARZ, TERI
Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$78.00

Date or dates debt was incurred

4/30/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.763. **Nonpriority creditor's name and mailing address**

Name and Address Intentionally Omitted

Date or dates debt was incurred

_____

Last 4 digits of account number:

As of the petition filing date, the claim is: *Check all that apply.*

- ☑ Contingent
- ☑ Unliquidated
- ☑ Disputed

Basis for the claim:

PENDING LITIGATION

Is the claim subject to offset?

- ☑ No
- ☐ Yes

Amount of claim

UNDETERMINED

3.764. **Nonpriority creditor's name and mailing address**

SECOND HARVESTERS FOOD BANK OF GREATER NEW ORLEANS
701 EDWARDS AVE
NEW ORLEANS LA 70124

Date or dates debt was incurred

4/29/2020

Last 4 digits of account number:

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☑ Disputed

Basis for the claim:

TRADE PAYABLE

Is the claim subject to offset?

- ☑ No
- ☐ Yes

Amount of claim

$28,182.04

3.765. **Nonpriority creditor's name and mailing address**

SECURE SHREDDING & RECYCLING
INFORMATION MANAGEMENT SOLUTIONS LLC
P O BOX 15465
BATON ROUGE LA 70895

Date or dates debt was incurred

4/1/2020

Last 4 digits of account number:

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

TRADE PAYABLE

Is the claim subject to offset?

- ☑ No
- ☐ Yes

Amount of claim

$47.00

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

3.766. **Nonpriority creditor's name and mailing address**

SELF
3708 NORWOOD DR
CHALMETTE LA 70043

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$179.18

Date or dates debt was incurred

4/30/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.767. **Nonpriority creditor's name and mailing address**

SERVICE GLASS COMPANY
4316 EASTVIEW DRIVE
NEW ORLEANS LA 70126

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$124.00

Date or dates debt was incurred

5/14/2019

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.768. **Nonpriority creditor's name and mailing address**

SEWERAGE & WATER BOARD OF NEW ORLEANS
625 ST. JOSEPH ST STE 154
NEW ORLEANS LA 70165-6501

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$173.45

Date or dates debt was incurred

4/29/2020

Basis for the claim:

UTILITY

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.769. **Nonpriority creditor's name and mailing address**

SHEEN, ALAN E
Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$61.48

Date or dates debt was incurred

5/1/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.770. **Nonpriority creditor's name and mailing address**

SHELTON, MARGARET
Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$225.00

Date or dates debt was incurred

4/22/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.771. **Nonpriority creditor's name and mailing address**

SHERWIN WILLIAMS CO.
ACCOUNTS RECEIVABLE DEPT.
4427 N I-10 SERVICE ROAD W.
METAIRIE LA 70002-6524

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$85.37

Date or dates debt was incurred

12/5/2019

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.772. **Nonpriority creditor's name and mailing address**

SHOOT A WAY
3305 COUNTY HWY 47
UPPER SANDUSKY OH 43351

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☑ Disputed

Amount of claim

$5,580.00

Date or dates debt was incurred

4/2/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

- ☑ No
- ☐ Yes

3.773. **Nonpriority creditor's name and mailing address**

SIGN GYPSIES NORTHSHORE, LLC
110 MARINA BLVD
MANDEVILE LA 70471

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Amount of claim

$53.26

Date or dates debt was incurred

1/22/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

- ☑ No
- ☐ Yes

3.774. **Nonpriority creditor's name and mailing address**

SIGULER GUFF & COMPANY, LP
ATTN INVESTOR RELATIONS GROUP
200 PARK AVENUE
TWENTY-THIRD FL
NEW YORK NY 10166

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Amount of claim

$_____

Date or dates debt was incurred

_____

Basis for the claim:

UNFUNDED COMMITMENT - SIGULER GUFF DISTRESSED OPPORTUNITIES FUND III, LP

Last 4 digits of account number:

Is the claim subject to offset?

- ☐ No
- ☐ Yes

3.775. **Nonpriority creditor's name and mailing address**

SIGULER GUFF & COMPANY, LP
ATTN INVESTOR RELATIONS GROUP
200 PARK AVENUE
TWENTY-THIRD FL
NEW YORK NY 10166

Date or dates debt was incurred

_____

Last 4 digits of account number:

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

UNFUNDED COMMITMENT - SIGULER GUFF DISTRESSED REAL ESTATE OPPORTUNITIES FUND II, LP; ARCHDIOCESE OF NEW ORLEANS - DREOF II.PDF

Is the claim subject to offset?

☐ No
☐ Yes

Amount of claim

$_____

3.776. **Nonpriority creditor's name and mailing address**

SIGULER GUFF & COMPANY, LP
ATTN INVESTOR RELATIONS GROUP
200 PARK AVENUE
TWENTY-THIRD FL
NEW YORK NY 10166

Date or dates debt was incurred

_____

Last 4 digits of account number:

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

UNFUNDED COMMITMENT - SIGULER GUFF DISTRESSED OPPORTUNITIES FUND IV, LP

Is the claim subject to offset?

☐ No
☐ Yes

Amount of claim

$_____

3.777. **Nonpriority creditor's name and mailing address**

SIMMONS, BRITTANY C
Address Intentionally Omitted

Date or dates debt was incurred

5/10/2019

Last 4 digits of account number:

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Is the claim subject to offset?

☑ No
☐ Yes

Amount of claim

$61.33

3.778. **Nonpriority creditor's name and mailing address**

SLIDELL CITY MARSHAL CITY COURT
PO BOX 2356
SLIDELL LA 70459

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☑ Disputed

Amount of claim

$905.50

Date or dates debt was incurred

4/30/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.779. **Nonpriority creditor's name and mailing address**

SLIDELL EAR NOSE AND THROAT
2050 GAUSE BLVD E STE 200
SLIDELL LA 70461

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$289.69

Date or dates debt was incurred

4/30/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.780. **Nonpriority creditor's name and mailing address**

SLIDELL INTERNAL MEDICINE CLIN
STE 301 105 MEDICAL CENTER DR
SLIDELL LA 70461

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$252.56

Date or dates debt was incurred

5/1/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.781. **Nonpriority creditor's name and mailing address**

SLIDELL MEMORIAL HOSPITAL
PO BOX 679504
DALLAS TX 75267

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$1,005.29

Date or dates debt was incurred

4/30/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.782. **Nonpriority creditor's name and mailing address**

SLU-LANGUAGES AND CULTURE
SLU 10719
HAMMOND LA 70402

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$45.00

Date or dates debt was incurred

3/6/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.783. **Nonpriority creditor's name and mailing address**

SMH PHYSICIAN NETWORK
PO BOX 679500
DALLAS TX 75267

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$175.23

Date or dates debt was incurred

4/30/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

3.784.	**Nonpriority creditor's name and mailing address** Name and Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** EMPLOYEE HEALTH CLAIM **Is the claim subject to offset?** ☑ No ☐ Yes	**Amount of claim** $2.29 **Date or dates debt was incurred** 6/21/2019 **Last 4 digits of account number:**
3.785.	**Nonpriority creditor's name and mailing address** SNEATHERN, DAVID Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** TRADE PAYABLE **Is the claim subject to offset?** ☑ No ☐ Yes	**Amount of claim** $8,800.00 **Date or dates debt was incurred** 4/30/2020 **Last 4 digits of account number:**
3.786.	**Nonpriority creditor's name and mailing address** SONITROL OF NEW ORLEANS, INC. 2217 RIDGELAKE DR. METAIRIE LA 70001	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** TRADE PAYABLE **Is the claim subject to offset?** ☑ No ☐ Yes	**Amount of claim** $237.00 **Date or dates debt was incurred** 4/29/2020 **Last 4 digits of account number:**

3.787. **Nonpriority creditor's name and mailing address**

SOSA, WENDY
Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$41.45

Date or dates debt was incurred

5/16/2019

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.788. **Nonpriority creditor's name and mailing address**

SOUTH LOUISIANA ENT
1420 N CAUSEWAY BLVD
MANDEVILLE LA 70471

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$287.64

Date or dates debt was incurred

4/24/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.789. **Nonpriority creditor's name and mailing address**

SOUTHEAST LOUISIANA DISTRICT LITERARY RALLY
SLU 10752
HAMMOND LA 70402

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$66.00

Date or dates debt was incurred

2/17/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.790. **Nonpriority creditor's name and mailing address**

SOUTHERN DOMINICAN PROVINCE
1611 MIRABEAU AVENUE
NEW ORLEANS LA 70122

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☑ Disputed

Amount of claim

$1,750.02

Date or dates debt was incurred

4/27/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

- ☑ No
- ☐ Yes

3.791. **Nonpriority creditor's name and mailing address**

SOUTHERN ELECTR0NICS SUPPLY INC
2301 JULIA STREET
NEW ORLEANS LA 70119

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Amount of claim

$70.01

Date or dates debt was incurred

4/15/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

- ☑ No
- ☐ Yes

3.792. **Nonpriority creditor's name and mailing address**

SOUTHERN LAWN & CONSTRUCTION
106 ALFRED STREET
BELLE CHASSE LA 70037

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Amount of claim

$300.00

Date or dates debt was incurred

4/23/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

- ☑ No
- ☐ Yes

3.793. **Nonpriority creditor's name and mailing address**

SOUTHERN ORTHOPAEDIC SPECIALIS
PO BOX 26013
BELFAST ME 04915

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$189.90

Date or dates debt was incurred

4/30/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.794. **Nonpriority creditor's name and mailing address**

SOUTHERN ORTHOPAEDIC SPECIALIST
PO BOX 26013
BELFAST ME 04915

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$182.00

Date or dates debt was incurred

4/17/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.795. **Nonpriority creditor's name and mailing address**

SOUTHERN PAIN AND ANESTHESIA
1207 NORTH CAUSEWAY
METAIRIE LA 70001

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$450.00

Date or dates debt was incurred

4/27/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.796. **Nonpriority creditor's name and mailing address**

SOUTHERN RETINAL INSTITUTE
SUITE 160 2800 VETERANS BLVD
METAIRIE LA 70002

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$220.01

Date or dates debt was incurred

4/30/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.797. **Nonpriority creditor's name and mailing address**

SOUTHSHORE PHYSICIAM GROUP
3434 HOUMA BLVD SUITE 200
METAIRIE LA 70006

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$1,500.00

Date or dates debt was incurred

4/27/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.798. **Nonpriority creditor's name and mailing address**

SPANSEL, MARK & JOY
Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$700.00

Date or dates debt was incurred

4/22/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.799. **Nonpriority creditor's name and mailing address**

SPARKLIGHT
P O BOX 9001009
LOUISVILLE KY 40290-1009

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$130.07

Date or dates debt was incurred

4/6/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.800. **Nonpriority creditor's name and mailing address**

SPECTRUM BUSINESS
P O BOX 94188
PALATINE IL 60094-4188

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☑ Disputed

Amount of claim

$1,322.58

Date or dates debt was incurred

4/5/2020

Basis for the claim:

UTILITY

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.801. **Nonpriority creditor's name and mailing address**

SPINO, JOSEPH
Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$240.00

Date or dates debt was incurred

4/24/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.802. **Nonpriority creditor's name and mailing address**

SPIRITUAL HEALTH AT EMORY HEALTH CARE
550 PEACHTREE STREET NE
ROOM 1303
ATLANTA GA 30308

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$60.00

Date or dates debt was incurred

11/19/2019

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.803. **Nonpriority creditor's name and mailing address**

SPN FAIR
6500 KAWANEE AVE.
METAIRIE LA 70003

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$500.00

Date or dates debt was incurred

3/6/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.804. **Nonpriority creditor's name and mailing address**

SPRING ARBOR DISTRIBUTORS
P O BOX 277616
ATLANTA GA 30384

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$35.46

Date or dates debt was incurred

4/17/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.805. **Nonpriority creditor's name and mailing address**

ST ALPHONSUS SCHOOL
2001 CONSTANCE ST
NEW ORLEANS LA 70130

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☑ Disputed

Amount of claim

$3,850.00

Date or dates debt was incurred

4/20/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.806. **Nonpriority creditor's name and mailing address**

ST ANNE ER GROUP, LLC
229 SAINT JOHN LN
COVINGTON LA 70433

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$305.55

Date or dates debt was incurred

4/30/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.807. **Nonpriority creditor's name and mailing address**

ST ANTHONY OF PADUA CHURCH
4640 CANAL STREET
NEW ORLEANS LA 70119

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$250.00

Date or dates debt was incurred

3/3/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.808. **Nonpriority creditor's name and mailing address**

ST ANTHONY PRIORY
FRIAR SERGIO A SERRANO OP
4640 CANAL STREET
NEW ORLEANS LA 70119

Date or dates debt was incurred

4/27/2020

Last 4 digits of account number:

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☑ Disputed

Basis for the claim:

TRADE PAYABLE

Is the claim subject to offset?

- ☑ No
- ☐ Yes

Amount of claim

$8,679.70

3.809. **Nonpriority creditor's name and mailing address**

ST ANTHONY SCHOOL
900 FRANKLIN STREET
GRETNA LA 70053

Date or dates debt was incurred

4/20/2020

Last 4 digits of account number:

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☑ Disputed

Basis for the claim:

TRADE PAYABLE

Is the claim subject to offset?

- ☑ No
- ☐ Yes

Amount of claim

$2,550.00

3.810. **Nonpriority creditor's name and mailing address**

ST BERNARD EMERGENCY GROUP LLC
PO BOX 731587
DALLAS TX 75373

Date or dates debt was incurred

4/30/2020

Last 4 digits of account number:

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Is the claim subject to offset?

- ☑ No
- ☐ Yes

Amount of claim

$1,638.36

	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: *Check all that apply.*	Amount of claim
3.811.	ST BERNARDS MEDICAL CTR 225 E WASHINGTON AVE JONESBORO AR 72401	☐ Contingent ☐ Unliquidated ☐ Disputed	$66.69
	Date or dates debt was incurred 5/1/2020	**Basis for the claim:** EMPLOYEE HEALTH CLAIM	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	

	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: *Check all that apply.*	Amount of claim
3.812.	ST CHARLES PARISH HOSPITAL PO BOX 733312 DALLAS TX 75373	☐ Contingent ☐ Unliquidated ☐ Disputed	$92.23
	Date or dates debt was incurred 5/1/2020	**Basis for the claim:** EMPLOYEE HEALTH CLAIM	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	

	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: *Check all that apply.*	Amount of claim
3.813.	ST CHARLES WELLNESS LLC 1426 AMELIA STREET NEW ORLEANS LA 70115	☐ Contingent ☐ Unliquidated ☐ Disputed	$620.00
	Date or dates debt was incurred 3/4/2020	**Basis for the claim:** EMPLOYEE HEALTH CLAIM	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	

3.814. **Nonpriority creditor's name and mailing address**

ST FRANCIS XAVIER CHURCH
MEN'S CLUB
444 METAIRIE ROAD
METAIRIE LA 70005

Date or dates debt was incurred

4/20/2020

Last 4 digits of account number:

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

TRADE PAYABLE

Is the claim subject to offset?

☑ No
☐ Yes

Amount of claim

$220.00

3.815. **Nonpriority creditor's name and mailing address**

ST FRANCIS XAVIER SCHOOL
215 BETZ PLACE
METAIRIE LA 70005

Date or dates debt was incurred

4/20/2020

Last 4 digits of account number:

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☑ Disputed

Basis for the claim:

TRADE PAYABLE

Is the claim subject to offset?

☑ No
☐ Yes

Amount of claim

$3,000.00

3.816. **Nonpriority creditor's name and mailing address**

ST JAMES PARISH HOSPITAL
PO BOX 9618
BELFAST ME 04915

Date or dates debt was incurred

5/1/2020

Last 4 digits of account number:

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Is the claim subject to offset?

☑ No
☐ Yes

Amount of claim

$39.39

3.817. **Nonpriority creditor's name and mailing address**

ST JOAN OF ARC SCHOOL
919 CAMBRONNE STREET
NEW ORLEANS LA 70118

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☑ Disputed

Amount of claim

$2,400.00

Date or dates debt was incurred

4/20/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

- ☑ No
- ☐ Yes

3.818. **Nonpriority creditor's name and mailing address**

ST JOHN EMERGENCY GROUP LLC
PO BOX 679491
DALLAS TX 75267

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Amount of claim

$1,208.52

Date or dates debt was incurred

5/1/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

- ☑ No
- ☐ Yes

3.819. **Nonpriority creditor's name and mailing address**

ST JUDE COMMUNITY CENTER
400 N RAMPART ST
NEW ORLEANS LA 70112

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Amount of claim

$75.00

Date or dates debt was incurred

12/18/2019

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

- ☑ No
- ☐ Yes

3.820. **Nonpriority creditor's name and mailing address**

ST LUKES MEDICAL MANAGEMENT LL
PO BOX 23933
BALFAST ME 04915

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$39.65

Date or dates debt was incurred

4/17/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.821. **Nonpriority creditor's name and mailing address**

ST MARY MAGDALEN
6425 WEST METAIRIE AVENUE
METAIRIE LA 70003

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☑ Disputed

Amount of claim

$38,435.00

Date or dates debt was incurred

4/27/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.822. **Nonpriority creditor's name and mailing address**

ST MATTHEW THE APOSTLE
10021 JEFFERSON HIGHWAY
RIVER RIDGE LA 70123

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☑ Disputed

Amount of claim

$4,847.80

Date or dates debt was incurred

4/22/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.823. **Nonpriority creditor's name and mailing address**

ST PAUL THE APOSTLE CHURCH
6828 CHEF MENTURE HWY
NEW ORLEANS LA 70126

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$25.00

Date or dates debt was incurred

4/29/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.824. **Nonpriority creditor's name and mailing address**

ST PETER CLAVER CHURCH
1910 URSULINES AVE
NEW ORLEANS LA 70116-2197

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☑ Disputed

Amount of claim

$1,750.00

Date or dates debt was incurred

1/7/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.825. **Nonpriority creditor's name and mailing address**

ST PIUS X CHURCH
6666 SPANISH FORT BLVD
NEW ORLEANS LA 70124

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☑ Disputed

Amount of claim

$1,492.17

Date or dates debt was incurred

4/27/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.826. **Nonpriority creditor's name and mailing address**

ST RITA CHURCH
2729 LOWERLINE STREET
NEW ORLEANS LA 70125

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$150.00

Date or dates debt was incurred

3/17/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.827. **Nonpriority creditor's name and mailing address**

ST TAMMANY EMERGENCY PHYSICIAN
PO BOX 721736
NORMAN OK 73070

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$1,838.00

Date or dates debt was incurred

4/30/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.828. **Nonpriority creditor's name and mailing address**

ST TAMMANY HOSPITAL HOME HEALT
725 W 11TH
COVINGTON LA 70433

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$330.00

Date or dates debt was incurred

5/1/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.829. **Nonpriority creditor's name and mailing address**

ST TAMMANY MAINTENANCE INC
37460 HEMLOCK DRIVE
PEARL RIVER LA 70452

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☑ Disputed

Amount of claim

$1,499.00

Date or dates debt was incurred

4/18/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

- ☑ No
- ☐ Yes

3.830. **Nonpriority creditor's name and mailing address**

ST TAMMANY PARISH HOSPITAL
PO BOX 54482
NEW ORLEANS LA 70154

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Amount of claim

$1,335.30

Date or dates debt was incurred

5/1/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

- ☑ No
- ☐ Yes

3.831. **Nonpriority creditor's name and mailing address**

ST THERESE ACADEMY
917 N ATLANTA STREET
METAIRIE LA 70003

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☑ Disputed

Amount of claim

$14,037.20

Date or dates debt was incurred

4/24/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

- ☑ No
- ☐ Yes

3.832. **Nonpriority creditor's name and mailing address**

ST THOMAS COMMUNITY HEALTH CEN
1936 MAGAZINE ST
NEW ORLEANS LA 70130

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$94.32

Date or dates debt was incurred

4/30/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.833. **Nonpriority creditor's name and mailing address**

ST. ANN, STEPHANIE
Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$14.26

Date or dates debt was incurred

2/18/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.834. **Nonpriority creditor's name and mailing address**

ST. GERMAIN, DONALD
Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$110.87

Date or dates debt was incurred

3/10/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.835. **Nonpriority creditor's name and mailing address**

ST. JOACHIM PARISH CHURCH
5505 BARATARIA BLVD.
MARRERO LA 70072

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☑ Disputed

Amount of claim

$1,351.77

Date or dates debt was incurred

4/3/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.836. **Nonpriority creditor's name and mailing address**

ST. JOHN PARISH SCHOOL BOARD
ATTN: STEPHEN VALES
P. O. DRAWER AL
RESERVE LA 70084

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$207.20

Date or dates debt was incurred

3/11/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.837. **Nonpriority creditor's name and mailing address**

ST. JOHN THEATRE
C/O DANNY ZUKO
P. O. BOX 188
RESERVE LA 70084

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☑ Disputed

Amount of claim

$2,400.00

Date or dates debt was incurred

3/10/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.838. **Nonpriority creditor's name and mailing address**

ST. JOSEPH'S CHURCH
1802 TULANE AVE
NEW ORLEANS LA 70112

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$100.00

Date or dates debt was incurred

11/20/2019

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.839. **Nonpriority creditor's name and mailing address**

ST. PIUS CATHOLIC SCHOOL
6600 SPANISH FORT
NEW ORLEANS LA 70124

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$600.00

Date or dates debt was incurred

3/3/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.840. **Nonpriority creditor's name and mailing address**

ST. ROSALIE ELEMENTARY SCHOOL
617 2ND AVENUE
HARVEY LA 70058

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$600.00

Date or dates debt was incurred

4/13/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.841. **Nonpriority creditor's name and mailing address**

STAGNI, JOSEPH
Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

3/27/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Amount of claim

$50.72

3.842. **Nonpriority creditor's name and mailing address**

START COMMUNITY CLINIC
5975 FEDERAL 80 HWY
RAYVILLE LA 71269

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

4/30/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Amount of claim

$152.79

3.843. **Nonpriority creditor's name and mailing address**

STAY THE COURSE EDU
11374 NEW ENGLAND PLACE
GOLD RIVER CA 95670

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

4/20/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Amount of claim

$300.00

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

3.844. **Nonpriority creditor's name and mailing address**

STEEN, VICKI L
Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$497.15

Date or dates debt was incurred

4/30/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.845. **Nonpriority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☑ Contingent
☑ Unliquidated
☑ Disputed

Amount of claim

UNDETERMINED

Date or dates debt was incurred

_____

Basis for the claim:

PENDING LITIGATION

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.846. **Nonpriority creditor's name and mailing address**

STRAWBERRY PATCH PEDS AND FAMI
1054 SW RAILROAD AVE
PONCHATOULA LA 70454

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$42.80

Date or dates debt was incurred

4/24/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.847. **Nonpriority creditor's name and mailing address**

SUMMERS NEUROSURGETY LLC
15739 PROFESSIONLA PLAZA
HAMMOND LA 70403

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$105.00

Date or dates debt was incurred

4/27/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.848. **Nonpriority creditor's name and mailing address**

SUMNER, CARLA
Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$27.05

Date or dates debt was incurred

2/13/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.849. **Nonpriority creditor's name and mailing address**

SUNRISE PEDIATRICS
3116 6TH ST STE 101
METAIRIE LA 70002

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$86.14

Date or dates debt was incurred

4/30/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.850. **Nonpriority creditor's name and mailing address**

SUPERIOR MEDICINE GROUP LLC
6621 WESTBANK EXPY
MARRERO LA 70072

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$72.76

Date or dates debt was incurred

4/30/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.851. **Nonpriority creditor's name and mailing address**

SUPERIOR REHABILITATION
6820 VETERANS BLVD STE A
METAIRIE LA 70003

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$120.00

Date or dates debt was incurred

4/30/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.852. **Nonpriority creditor's name and mailing address**

SURCOUF, ANDREE
Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$268.77

Date or dates debt was incurred

4/24/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.853. **Nonpriority creditor's name and mailing address**

SWYFT CONNECT
P O BOX 620
MILIAN TN 38358

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$125.00

Date or dates debt was incurred

3/23/2020

Basis for the claim:

UTILITY

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.854. **Nonpriority creditor's name and mailing address**

SYNERGY PHYSICAL THERAPY & PER
1827 HICKORY AVE STE B
HARAHAN LA 70123

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$240.00

Date or dates debt was incurred

4/30/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.855. **Nonpriority creditor's name and mailing address**

SYNERGY PHYSICAL THERAPY & PER
1827 HICKORY AVE STE B
HARRAHAN LA 70123

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$260.00

Date or dates debt was incurred

4/30/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.856. **Nonpriority creditor's name and mailing address**

TACTILE SYSTEMS TECHNOLOGY INC
3701 WAYZATA BLVD STE 300
MINNEAPOLIS MN 55416

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$2,637.30

Date or dates debt was incurred

4/30/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.857. **Nonpriority creditor's name and mailing address**

TALWAR, NISHA
Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$154.59

Date or dates debt was incurred

4/24/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.858. **Nonpriority creditor's name and mailing address**

TAORMINA, REV MSGR ANDREW
Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$1,713.41

Date or dates debt was incurred

4/23/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.859. **Nonpriority creditor's name and mailing address**

TARLETON, WARRWN
Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$816.75

Date or dates debt was incurred

04/01/2020 - 04/29/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.860. **Nonpriority creditor's name and mailing address**

TEANNIA WLLIAMS CORP
PO BOX 366218
HYDE PARK MA 02136

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$457.00

Date or dates debt was incurred

4/30/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.861. **Nonpriority creditor's name and mailing address**

TELADOC PHYSICIANS PA
DEPT 3297
PO BOX 123297
DALLAS TX 75312

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$200.00

Date or dates debt was incurred

4/30/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.862. **Nonpriority creditor's name and mailing address**

TERMINIX
P.O. BOX 8668
METAIRIE LA 70011-8668

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$195.00

Date or dates debt was incurred

4/23/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.863. **Nonpriority creditor's name and mailing address**

TERMINIX
P.O. BOX 8668
METAIRIE LA 70011-8668

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☑ Disputed

Amount of claim

$1,737.00

Date or dates debt was incurred

4/28/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.864. **Nonpriority creditor's name and mailing address**

THE BATON ROUGE CLINIC AMC
7373 PERKINS RD
BATON ROUGE LA 70808

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$237.86

Date or dates debt was incurred

4/30/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.865. **Nonpriority creditor's name and mailing address**

THE DELTA PATHOLOGY GROUP LLC
DEPT NUMBER 10016
P O BOX 3780
TUPELO MS 38803

Date or dates debt was incurred

4/30/2020

Last 4 digits of account number:

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Is the claim subject to offset?

☑ No
☐ Yes

Amount of claim

$441.95

3.866. **Nonpriority creditor's name and mailing address**

THE PREMISES
3401 EDENBORN AVE.
METAIRIE LA 70002

Date or dates debt was incurred

4/27/2020

Last 4 digits of account number:

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☑ Disputed

Basis for the claim:

TRADE PAYABLE

Is the claim subject to offset?

☑ No
☐ Yes

Amount of claim

$962.00

3.867. **Nonpriority creditor's name and mailing address**

THE RENY COMPANY
1820 PRESTON PARK BLVD
SUITE 1900
PLANO TX 75093

Date or dates debt was incurred

4/27/2020

Last 4 digits of account number:

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☑ Disputed

Basis for the claim:

TRADE PAYABLE

Is the claim subject to offset?

☑ No
☐ Yes

Amount of claim

$1,241.00

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

3.868. **Nonpriority creditor's name and mailing address**

THE SHERWIN WILLIAMS CO
1324 W. AIRLINE HWY. #9
LAPLACE LA 70068

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$204.67

Date or dates debt was incurred

4/27/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.869. **Nonpriority creditor's name and mailing address**

THERAPYDIA - MID CITY
STE 4 421 N CARROLLTON AVE'
NEW ORLEANS LA 70119

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$60.00

Date or dates debt was incurred

4/30/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.870. **Nonpriority creditor's name and mailing address**

THIRD COAST SOCCER
1886 N. CAUSEWAY BLVD.
MANDEVILLE LA 70471

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$46.99

Date or dates debt was incurred

2/19/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

3.871.	**Nonpriority creditor's name and mailing address** THIRD COAST SOCCER 1886 NORTH CAUSEWAY BLVD. MANDEVILLE LA 70471	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed	**Amount of claim** $73.00
	Date or dates debt was incurred 4/7/2020	**Basis for the claim:** TRADE PAYABLE	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	
3.872.	**Nonpriority creditor's name and mailing address** THOMAS P MELANCON MD LLC PO BOX 9184 BELFAST ME 04915	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed	**Amount of claim** $34.12
	Date or dates debt was incurred 4/30/2020	**Basis for the claim:** EMPLOYEE HEALTH CLAIM	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	
3.873.	**Nonpriority creditor's name and mailing address** THOMAS, TERE Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed	**Amount of claim** $75.00
	Date or dates debt was incurred 4/22/2020	**Basis for the claim:** TRADE PAYABLE	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	

3.874. **Nonpriority creditor's name and mailing address**

TIBLIER, MELANIE
Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$104.00

Date or dates debt was incurred

3/13/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.875. **Nonpriority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☑ Contingent
☑ Unliquidated
☑ Disputed

Amount of claim

UNDETERMINED

Date or dates debt was incurred

_____

Basis for the claim:

UNRESOLVED CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.876. **Nonpriority creditor's name and mailing address**

TOSKI, DEBORAH
Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$179.79

Date or dates debt was incurred

4/29/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.877.	**Nonpriority creditor's name and mailing address** TOTAL HEALTH SOLUTIONS DBA OCH PO BOX 54177 NEW ORLEANS LA 70154	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed	**Amount of claim** $40.65
	Date or dates debt was incurred 4/30/2020	**Basis for the claim:** EMPLOYEE HEALTH CLAIM	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	

3.878.	**Nonpriority creditor's name and mailing address** Name and Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed	**Amount of claim** $1.32
	Date or dates debt was incurred 4/26/2019	**Basis for the claim:** EMPLOYEE HEALTH CLAIM	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	

3.879.	**Nonpriority creditor's name and mailing address** TOURO AT HOME TOURO INFIRMARY 1401 FOUCHER ST NEW ORLEANS LA 70115	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed	**Amount of claim** $4,465.95
	Date or dates debt was incurred 3/13/2020	**Basis for the claim:** EMPLOYEE HEALTH CLAIM	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	

3.880. **Nonpriority creditor's name and mailing address**

TOURO INFIRMARY HOSPITAL
PO BOX 919279
DALLAS TX 75391

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$4,073.00

Date or dates debt was incurred

4/30/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.881. **Nonpriority creditor's name and mailing address**

TRAMONTANA PHD, DR JOSEPH
35 CHATHAM DRIVE
NEW ORLEANS LA 70122

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$400.00

Date or dates debt was incurred

3/17/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.882. **Nonpriority creditor's name and mailing address**

TRAN, CAN N
Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$136.32

Date or dates debt was incurred

4/24/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.883. **Nonpriority creditor's name and mailing address**

TRAN, REV VINCENT QUI
Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$1,615.22

Date or dates debt was incurred

4/27/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.884. **Nonpriority creditor's name and mailing address**

TRANSFIGURATION OF THE LORD
2212 PRENTISS AVE
NEW ORLEANS LA 70122

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☑ Disputed

Amount of claim

$2,500.00

Date or dates debt was incurred

4/27/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.885. **Nonpriority creditor's name and mailing address**

TRAUGHBER, JENNIFER
Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$105.60

Date or dates debt was incurred

4/30/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.886. **Nonpriority creditor's name and mailing address**

TRC MEMORIAL DLYS
PO BOX 402946
ATLANTA GA 30384

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$3,437.00

Date or dates debt was incurred

4/30/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.887. **Nonpriority creditor's name and mailing address**

TRISH FOTI MUSIC
4964 FOLSE DR
METAIRIE LA 70006

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$200.00

Date or dates debt was incurred

11/26/2019

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.888. **Nonpriority creditor's name and mailing address**

TULANE UNIV HOSP AND CLINIC
P O BOX 402872
ATLANTA GA 30384

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$1,467.88

Date or dates debt was incurred

4/29/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.889. **Nonpriority creditor's name and mailing address**

TULANE UNIV HOSP AND CLN
PO BOX 402872
ATLANTA GA 30384

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$2,515.92

Date or dates debt was incurred

5/1/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.890. **Nonpriority creditor's name and mailing address**

TWO WAY COMMUNICATIONS INC
1704 JUSTIN ROAD
METAIRIE LA 70001

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☑ Disputed

Amount of claim

$800.00

Date or dates debt was incurred

3/18/2020

Basis for the claim:

UTILITY

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.891. **Nonpriority creditor's name and mailing address**

U S DEPARTMENT OF HOMELAND SECURITY
245 MURRAY LN SW
STE 14
WASHINGTON DC 20528

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☑ Disputed

Amount of claim

$1,440.00

Date or dates debt was incurred

4/20/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.892.	**Nonpriority creditor's name and mailing address** ULLOA, LAURA Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** TRADE PAYABLE **Is the claim subject to offset?** ☑ No ☐ Yes	**Amount of claim** $1,090.67 **Date or dates debt was incurred** 4/29/2020 **Last 4 digits of account number:**
3.893.	**Nonpriority creditor's name and mailing address** UMCMC DBA INTERIM LSU HOSPITAL PO BOX 919133 DALLAS TX 75391	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** EMPLOYEE HEALTH CLAIM **Is the claim subject to offset?** ☑ No ☐ Yes	**Amount of claim** $4,709.96 **Date or dates debt was incurred** 5/1/2020 **Last 4 digits of account number:**
3.894.	**Nonpriority creditor's name and mailing address** UNGER, MATTHEW Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** TRADE PAYABLE **Is the claim subject to offset?** ☑ No ☐ Yes	**Amount of claim** $500.00 **Date or dates debt was incurred** 4/22/2020 **Last 4 digits of account number:**

3.895. **Nonpriority creditor's name and mailing address**

UNITED STATES OF AMERICA
US ATTORNEYS OFFICE EASTERN DISTRICT OF LOUISIANA
MIMI NGUYEN ASSISTANT U.S. ATTORNEY
650 POYDRAS STREET, SUITE 1600
NEW ORLEANS LA 70130

Date or dates debt was incurred

_____

Last 4 digits of account number:

As of the petition filing date, the claim is: *Check all that apply.*

☑ Contingent
☑ Unliquidated
☑ Disputed

Basis for the claim:

PENDING LITIGATION

Is the claim subject to offset?

☑ No
☐ Yes

Amount of claim

UNDETERMINED

3.896. **Nonpriority creditor's name and mailing address**

UNITED WAY
ACCOUNTS RECEIVABLE
2515 CANAL ST
NEW ORLEANS LA 70119-6445

Date or dates debt was incurred

3/10/2020

Last 4 digits of account number:

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

TRADE PAYABLE

Is the claim subject to offset?

☑ No
☐ Yes

Amount of claim

$169.56

3.897. **Nonpriority creditor's name and mailing address**

UNIVERSAL CITY DEVELOPMENT
EVENT SALES DEPARTMENT
1000 UNIVERSAL STUDIO PLAZA
ORLANDO FL 32819

Date or dates debt was incurred

3/10/2020

Last 4 digits of account number:

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☑ Disputed

Basis for the claim:

TRADE PAYABLE

Is the claim subject to offset?

☑ No
☐ Yes

Amount of claim

$1,105.94

3.898. **Nonpriority creditor's name and mailing address**

UNIVERSITY LAB HIGH SCHOOL
45 DALRYMPLE DRIVE
BATON ROUGE LA 70803

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$263.40

Date or dates debt was incurred

3/11/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.899. **Nonpriority creditor's name and mailing address**

UNIVERSITY OF DAYTON
INSTITUTE FOR PASTORAL INITIATIVES/VLCFF
300 COLLEGE PARK
DAYTON OH 45469-7013

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$105.00

Date or dates debt was incurred

4/19/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.900. **Nonpriority creditor's name and mailing address**

UNIVERSITY PHYSICIANS
PO BOX 11407
BIRMINGHAM AL 35246

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$140.44

Date or dates debt was incurred

4/30/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

3.901.	**Nonpriority creditor's name and mailing address** URGENT CARE ELEVEN LLC 3218 SAINT CLAUDE AVE. NEW ORLEANS LA 70117	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** EMPLOYEE HEALTH CLAIM **Is the claim subject to offset?** ☑ No ☐ Yes	**Amount of claim** $272.30 **Date or dates debt was incurred** 3/6/2020 **Last 4 digits of account number:**
3.902.	**Nonpriority creditor's name and mailing address** URGENT CARE ELEVEN, LLC 3218 SAINT CLAUDE AVE NEW ORLEANS LA 70117	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** EMPLOYEE HEALTH CLAIM **Is the claim subject to offset?** ☑ No ☐ Yes	**Amount of claim** $88.02 **Date or dates debt was incurred** 5/1/2020 **Last 4 digits of account number:**
3.903.	**Nonpriority creditor's name and mailing address** URGENT CARE OF MORGAN CITY LLC STE 500 1216 N VICTOR II BLVD MORGAN CITY LA 70380	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** EMPLOYEE HEALTH CLAIM **Is the claim subject to offset?** ☑ No ☐ Yes	**Amount of claim** $140.00 **Date or dates debt was incurred** 4/30/2020 **Last 4 digits of account number:**

3.904.	**Nonpriority creditor's name and mailing address** UROLOGY ASSOCIATES OF LA,LLC 1111 MED CTR MARRERO LA 70072	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed	**Amount of claim** $139.35
	Date or dates debt was incurred 5/1/2020	**Basis for the claim:** EMPLOYEE HEALTH CLAIM	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	

3.905.	**Nonpriority creditor's name and mailing address** VANGEFFEN PHD, KIM E 145 ROBERT E LEE BLVD NEW ORLEANS LA 70124	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed	**Amount of claim** $1,000.00
	Date or dates debt was incurred 3/17/2020	**Basis for the claim:** EMPLOYEE HEALTH CLAIM	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	

3.906.	**Nonpriority creditor's name and mailing address** VANGEFFEN, KIM Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed	**Amount of claim** $785.30
	Date or dates debt was incurred 4/24/2020	**Basis for the claim:** EMPLOYEE HEALTH CLAIM	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	

3.907. **Nonpriority creditor's name and mailing address**

VARSITY SPIRIT FASHIONS
ATTN: ACCOUNTS RECEIVABLE
P.O. BOX 751210
MEMPHIS TN 38175-1210

Date or dates debt was incurred

2/20/2020

Last 4 digits of account number:

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

TRADE PAYABLE

Is the claim subject to offset?

☑ No
☐ Yes

Amount of claim

$57.82

3.908. **Nonpriority creditor's name and mailing address**

VENTURE INVESTMENT ASSOCIATES
88 MAIN ST
PO BOX 131
PEAPACK NJ 07977

Date or dates debt was incurred

_____

Last 4 digits of account number:

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

UNFUNDED COMMITMENT - VIA ENERGY III L.P

Is the claim subject to offset?

☐ No
☐ Yes

Amount of claim

$_____

3.909. **Nonpriority creditor's name and mailing address**

VERUS HEALTHCARE LLC
PO BOX 825513
PHILADELPHIA PA 19182

Date or dates debt was incurred

5/1/2020

Last 4 digits of account number:

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Is the claim subject to offset?

☑ No
☐ Yes

Amount of claim

$24.62

	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: *Check all that apply.*	Amount of claim
3.910.	VI COMMUNICATIONS INC 46 SUSSEX STREET KENNER LA 70062	☐ Contingent ☐ Unliquidated ☑ Disputed	$2,507.00
	Date or dates debt was incurred 4/1/2020	**Basis for the claim:** TRADE PAYABLE	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	

	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: *Check all that apply.*	Amount of claim
3.911.	VILLA, MATT Address Intentionally Omitted	☐ Contingent ☐ Unliquidated ☐ Disputed	$13.43
	Date or dates debt was incurred 2/7/2020	**Basis for the claim:** TRADE PAYABLE	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	

	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: *Check all that apply.*	Amount of claim
3.912.	VINCENT, BARBARA Address Intentionally Omitted	☐ Contingent ☐ Unliquidated ☐ Disputed	$75.00
	Date or dates debt was incurred 4/22/2020	**Basis for the claim:** TRADE PAYABLE	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	

3.913. **Nonpriority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$15.00

Date or dates debt was incurred

3/22/2019

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.914. **Nonpriority creditor's name and mailing address**

VISUAL CHANGES INC.
P O BOX 777
MANDEVILLE LA 70470-0777

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$260.00

Date or dates debt was incurred

4/1/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.915. **Nonpriority creditor's name and mailing address**

WALLACE, DONNA
Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$75.00

Date or dates debt was incurred

APRIL 2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.916. **Nonpriority creditor's name and mailing address**

WALLACE, STEPHANIE
Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$250.00

Date or dates debt was incurred

4/15/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.917. **Nonpriority creditor's name and mailing address**

WALTER H EVERSMEYER III MD APM
4315 HOUMA BLVD STE 303
METAIRIE LA 70006

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$52.79

Date or dates debt was incurred

4/30/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.918. **Nonpriority creditor's name and mailing address**

WALTERS, GERRI
Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$75.00

Date or dates debt was incurred

4/22/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.919. **Nonpriority creditor's name and mailing address**

WARRINER, DEACON A. DAVID
Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$100.00

Date or dates debt was incurred

4/10/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.920. **Nonpriority creditor's name and mailing address**

WASH-ST TAMMANY ELECTRIC CO INC
P.O. BOX 697
FRANKLINTON LA 70438-0792

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☑ Disputed

Amount of claim

$5,276.28

Date or dates debt was incurred

4/23/2020

Basis for the claim:

UTILITY

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.921. **Nonpriority creditor's name and mailing address**

WASTE CONNECTIONS BAYOU, INC
P.O. BOX 679859
DALLAS TX 75267-9859

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$235.31

Date or dates debt was incurred

4/24/2020

Basis for the claim:

UTILITY

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.922. **Nonpriority creditor's name and mailing address**

WASTE MANAGEMENT
P.O. BOX 55558
BOSTON MA 02205

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$74.29

Date or dates debt was incurred

4/1/2020

Basis for the claim:

UTILITY

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.923. **Nonpriority creditor's name and mailing address**

WASTE MANAGEMENT OF LOUISANA, LLC
P.O. BOX 55558
BOSTON MA 02205-5558

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$50.00

Date or dates debt was incurred

4/23/2020

Basis for the claim:

UTILITY

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.924. **Nonpriority creditor's name and mailing address**

WASTE MANAGEMENT OF LOUISIANA, LLC
P.O. BOX 55558
BOSTON MA 02205

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$48.50

Date or dates debt was incurred

4/23/2020

Basis for the claim:

UTILITY

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.925. **Nonpriority creditor's name and mailing address**

WASTE MANAGEMENT OF NEW ORLEANS
P. O. BOX 55558
BOSTON MA 02205-5558

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$166.95

Date or dates debt was incurred

4/1/2020

Basis for the claim:

UTILITY

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.926. **Nonpriority creditor's name and mailing address**

WASTE MANAGEMENT OF ST TAMMANY
PO BOX 55558
BOSTON MA 02205-5558

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$97.22

Date or dates debt was incurred

4/23/2020

Basis for the claim:

UTILITY

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.927. **Nonpriority creditor's name and mailing address**

WASTE MANAGEMENT OF ST. TAMMANY
P.O. BOX 9001054
LOUISVILLE KY 40290-1054

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$55.91

Date or dates debt was incurred

4/23/2020

Basis for the claim:

UTILITY

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

3.928.	**Nonpriority creditor's name and mailing address** WATTIGNY, REVEREND PATRICK B. Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed	**Amount of claim** $500.00
	Date or dates debt was incurred 4/1/2020	**Basis for the claim:** TRADE PAYABLE	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	
3.929.	**Nonpriority creditor's name and mailing address** WAYNE'S VENDING 5812 PLAUCHE CT. HARAHAN LA 70123	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed	**Amount of claim** $163.24
	Date or dates debt was incurred 4/17/2020	**Basis for the claim:** TRADE PAYABLE	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	
3.930.	**Nonpriority creditor's name and mailing address** Name and Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☑ Contingent ☑ Unliquidated ☑ Disputed	**Amount of claim** UNDETERMINED
	Date or dates debt was incurred _____	**Basis for the claim:** UNRESOLVED CLAIM	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	

3.931. **Nonpriority creditor's name and mailing address**

WEBB, KASEY
OFFICE OF CATHOLIC SCHOOLS
Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$1,194.28

Date or dates debt was incurred

3/5/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.932. **Nonpriority creditor's name and mailing address**

WEISS, PHILIP S
Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$175.46

Date or dates debt was incurred

4/30/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.933. **Nonpriority creditor's name and mailing address**

WELLS FARGO VENDOR FINANCIAL SERVICES, LLC
PO BOX 846095
DALLAS TX 75284-6095

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☑ Disputed

Amount of claim

$2,276.00

Date or dates debt was incurred

4/24/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.934. **Nonpriority creditor's name and mailing address**

WELLS FARGO VENDOR FINANCIAL SERVICES, LLC
P.O. BOX 650016
DALLAS TX 75265-0016

Date or dates debt was incurred

4/20/2020

Last 4 digits of account number:

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

TRADE PAYABLE

Is the claim subject to offset?

☑ No
☐ Yes

Amount of claim

$317.27

3.935. **Nonpriority creditor's name and mailing address**

WELLS FARGO VENDOR FINANCIAL SERVICES, LLC
ATTN: CUSTOMER SERVICE
P.O. BOX 3072
CEDAR RAPIDS IA 52406-3072

Date or dates debt was incurred

_____

Last 4 digits of account number:

As of the petition filing date, the claim is: *Check all that apply.*

☑ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

ARCHBISHOP HANNAN HIGH SCHOOL - COMPUTER EQUIPMENT LEASE

Is the claim subject to offset?

☑ No
☐ Yes

Amount of claim

UNDETERMINED

3.936. **Nonpriority creditor's name and mailing address**

WES-PET
2320 N. CAUSEWAY BLVD.
METAIRIE LA 70001

Date or dates debt was incurred

4/9/2020

Last 4 digits of account number:

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

TRADE PAYABLE

Is the claim subject to offset?

☑ No
☐ Yes

Amount of claim

$17.46

3.937. **Nonpriority creditor's name and mailing address**

WEST JEFFERSON MEDICAL CE
PO BOX 919351
DALLAS TX 75391

Date or dates debt was incurred

5/1/2020

Last 4 digits of account number:

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Is the claim subject to offset?

☑ No
☐ Yes

Amount of claim

$17,567.68

3.938. **Nonpriority creditor's name and mailing address**

WEST JEFFERSON WOMENS HEALTH
PO BOX 733199
DALLAS TX 75373

Date or dates debt was incurred

4/30/2020

Last 4 digits of account number:

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Is the claim subject to offset?

☑ No
☐ Yes

Amount of claim

$310.59

3.939. **Nonpriority creditor's name and mailing address**

WESTBANK URGENT CARE
148 WALL BLVD
GRETNA LA 70056

Date or dates debt was incurred

4/30/2020

Last 4 digits of account number:

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Is the claim subject to offset?

☑ No
☐ Yes

Amount of claim

$375.00

3.940. **Nonpriority creditor's name and mailing address**

WESTCARE MEDICAL CENTER
PO BOX 1819
MARRERO LA 70073

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$366.46

Date or dates debt was incurred

5/1/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.941. **Nonpriority creditor's name and mailing address**

WESTSIDE DERMATOLOGY
120 OCHSNER BLVD TE 430
GRETNA LA 70056

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$184.53

Date or dates debt was incurred

4/30/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.942. **Nonpriority creditor's name and mailing address**

WETEKAMM, JEFF
Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$375.00

Date or dates debt was incurred

1/24/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.943. **Nonpriority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$154.09

Date or dates debt was incurred

5/31/2019

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.944. **Nonpriority creditor's name and mailing address**

WEX BANK
PO BOX 6293
CAROL STREAM IL 60197-6293

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$360.03

Date or dates debt was incurred

4/30/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.945. **Nonpriority creditor's name and mailing address**

WHITE OAK CONSULTING
MANAGING PARTNER
88 MELROSE DRIVE
DESTREHAN LA 70047-2008

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$27,012.25

Date or dates debt was incurred

4/27/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.946. **Nonpriority creditor's name and mailing address**

Name and Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☑ Contingent
☑ Unliquidated
☑ Disputed

Amount of claim

UNDETERMINED

Date or dates debt was incurred

_____

Basis for the claim:

UNRESOLVED CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.947. **Nonpriority creditor's name and mailing address**

WHITMAN, ROBERT
Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$55.56

Date or dates debt was incurred

1/9/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.948. **Nonpriority creditor's name and mailing address**

WILLIAMS, ASANDRIA
Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$43.00

Date or dates debt was incurred

3/13/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.949. **Nonpriority creditor's name and mailing address**

WILLIAMS, PERCY
Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$725.00

Date or dates debt was incurred

3/12/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.950. **Nonpriority creditor's name and mailing address**

WILLIAMS, PERCY
Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$70.00

Date or dates debt was incurred

4/30/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.951. **Nonpriority creditor's name and mailing address**

WILLOUGHBY, WILLIAM
Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$150.00

Date or dates debt was incurred

4/30/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.952. **Nonpriority creditor's name and mailing address**

WJS ENTERPRISES INC
759 HILL STREET
JEFFERSON LA 70121

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$718.90

Date or dates debt was incurred

3/27/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.953. **Nonpriority creditor's name and mailing address**

WJS ENTERPRISES INC
759 HILL STREET
JEFFERSON LA 70121

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☑ Disputed

Amount of claim

$824.21

Date or dates debt was incurred

4/29/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.954. **Nonpriority creditor's name and mailing address**

WOMENS CARE FLORIDA
5002 W LEMON ST
TAMPA FL 33609

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$106.34

Date or dates debt was incurred

4/30/2020

Basis for the claim:

EMPLOYEE HEALTH CLAIM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.955. **Nonpriority creditor's name and mailing address**

WRIGHT NATIONAL FLOOD INS CO
P O BOX 33070
ST PETERSBURG FL 33733-8070

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☑ Disputed

Amount of claim

$11,474.00

Date or dates debt was incurred

4/4/2020

Basis for the claim:

INSURANCE PREMIUM

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.956. **Nonpriority creditor's name and mailing address**

WRIGHT, ERIN
Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$1,105.65

Date or dates debt was incurred

4/24/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.957. **Nonpriority creditor's name and mailing address**

WRKN-FM
201 ST. CHARLES AVENUE
SUITE 201
NEW ORLEANS LA 70170

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$100.00

Date or dates debt was incurred

3/1/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.958. **Nonpriority creditor's name and mailing address**

XEROX CORP
PO BOX 802555
CHICAGO IL 60680

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$359.47

Date or dates debt was incurred

4/30/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.959. **Nonpriority creditor's name and mailing address**

XEROX FINANCIAL SERVICES
P.O. BOX 202882
DALLAS TX 75320

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☑ Disputed

Amount of claim

$2,740.30

Date or dates debt was incurred

4/30/2020, 4/24/20

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.960. **Nonpriority creditor's name and mailing address**

ZANCA, TOMMY
Address Intentionally Omitted

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$200.00

Date or dates debt was incurred

4/21/2020

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

3.961.	**Nonpriority creditor's name and mailing address** ZAVERI, KIRAN Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed	**Amount of claim** $79.28
	Date or dates debt was incurred 4/30/2020	**Basis for the claim:** EMPLOYEE HEALTH CLAIM	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	

3.962.	**Nonpriority creditor's name and mailing address** ZERINGUE, SUSAN Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed	**Amount of claim** $46.66
	Date or dates debt was incurred 3/10/2020	**Basis for the claim:** TRADE PAYABLE	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
AMERICAN MUTUAL INSURANCE COMP ANY AS INSURER OF UNDERWOOD GLASS COMPANY AND ITS EXECUTIVE OFFICERS LOUISIANA SECRETARY OF STATE 8585 ARCHIVES AVE BATON ROUGE LA 70809	Part 2 line 3.570	_____
ASBESTOS CORPORATION LTD. LONG ARM SERVICE OF PROCESS VIA THE HAGUE 840 BOUL OUELLET CP9 THETFORD MINES, PQ HOLLAND G6G 5SL THE NETHERLANDS	Part 2 line 3.570	_____
AT&T CORP CT CORPORATION SYSTEM 3867 PLAZA TOWER DR BATON ROUGE LA 70816	Part 2 line 3.570	_____
BARON & BUDD, P.C. J. BURTON LEBLANC DAVID R CANNELLA CHRISTOPHER C. COLLEY JEREMIAH S. BOLING 2600 CITIPLACE DR SUITE 400 BATON ROUGE LA 70808	Part 2 line 3.570	_____
BURMASTER LAND & DEVELOPMENT COMP ANY, LLC AGENT FOR SERVICE A.J. BURMASTER 7033 EDGEWATER DR MANDEVILLE, LA 70471 LA 70471	Part 2 line 3.570	_____
BUTLER SNOW LLP DAVID S RUBIN; JAMES R AUSTIN 445 N BLVD STE 300 BATON ROUGE LA 70802	Part 2 line 3.356	_____
CAPTRUST ATTN LEGAL DEPT 102 W. WHITING STREET SUITE 400 TAMPA FL 33602-5140	Part 2 line 3.774	_____
CAPTRUST ATTN LEGAL DEPT 102 W. WHITING STREET SUITE 400 TAMPA FL 33602-5140	Part 2 line 3.775	_____
CAPTRUST ATTN LEGAL DEPT 102 W. WHITING STREET SUITE 400 TAMPA FL 33602-5140	Part 2 line 3.776	_____
Name and Address Intentionally Omitted	Part 2 line 3.451	_____
Name and Address Intentionally Omitted	Part 2 line 3.479	_____
Name and Address Intentionally Omitted	Part 2 line 3.689	_____

Name and Address Intentionally Omitted	Part 2 line 3.480	_____
Name and Address Intentionally Omitted	Part 2 line 3.334	_____
Name and Address Intentionally Omitted	Part 2 line 3.690	_____
Name and Address Intentionally Omitted	Part 2 line 3.470	_____
Name and Address Intentionally Omitted	Part 2 line 3.367	_____
Name and Address Intentionally Omitted	Part 2 line 3.714	_____
Name and Address Intentionally Omitted	Part 2 line 3.714	_____
Name and Address Intentionally Omitted	Part 2 line 3.427	_____
CENTENNIAL INSURANCE COMP ANY AS INSURER OF NORTH AMERICAN ASBESTOS CORPORATION LOUISIANA SECRETARY OF STATE 8585 ARCHIVES DR BATON ROUGE LA 70809	Part 2 line 3.570	_____
CERTAIN UNDERWRITERS AT LLOYD'S OF LONDON AS INSURER OF ADVOCATE MINES, LTD.) LOUISIANA SECRETARY OF STATE 8585 ARCHIVES DR BATON ROUGE LA 70809	Part 2 line 3.570	_____
Name and Address Intentionally Omitted	Part 2 line 3.460	_____
Name and Address Intentionally Omitted	Part 2 line 3.152	_____
CONTINENTAL INSURANCE COMPANY (AS INSURER OF ADVOCATE MINES, LTD LOUISIANA SECRETARY OF STATE 8585 ARCHIVES DR BATON ROUGE LA 70809	Part 2 line 3.570	_____
CSR,LTD. LOUISIANA LONG ARM STATUTE ACN 000 001 276 9 HELP STREET CHATSWOOD NSW 2067 AUSTRALIA	Part 2 line 3.570	_____
CSR,LTD. LOUISIANA LONG ARM STATUTE ACN 000 001 276 LOCKED BAG 6 CHATSWOOD NSW 2057 AUSTRALIA	Part 2 line 3.570	_____
EAGLE, INC. (F/K/A EAGLE ASBESTOS & PACKING CO., INC.) SIMON, PERAGINE, SMITH & REDFEARN AGENT FOR SERVICE: SUSAN B. KOHN ENERGY CENTER - 30TH FLOOR 1100 POYDRAS STREET NEW ORLEANS LA 70163	Part 2 line 3.570	_____
Name and Address Intentionally Omitted	Part 2 line 3.127	_____
EXCESS INSURANCE COMPANY (AS INSURER OF ADVOCATE MINES, LTD.) LOUISIANA LONG ARM STATUTE ACN 000 001 276 8585 ARCHIVES DR BATON ROUGE LA 70809	Part 2 line 3.570	_____
Name and Address Intentionally Omitted	Part 2 line 3.276	_____
Name and Address Intentionally Omitted	Part 2 line 3.374	_____
Name and Address Intentionally Omitted	Part 2 line 3.374	_____

Name and Address Intentionally Omitted	Part 2 line 3.92	_____
Name and Address Intentionally Omitted	Part 2 line 3.218	_____
Name and Address Intentionally Omitted	Part 2 line 3.534	_____
Name and Address Intentionally Omitted	Part 2 line 3.91	_____
Name and Address Intentionally Omitted	Part 2 line 3.218	_____
FEDERAL EMERGENCY MANAGEMENT AGENCY 500 C STREET SW. WASHINGTON DC 20472	Part 2 line 3.279	_____
FEDERAL INSURANCE COMPANY (AS INSURER OF ADVOCATE MINES, LTD.) LOUISIANA LONG ARM STATUTE ACN 000 001 276 8585 ARCHIVES DR BATON ROUGE LA 70809	Part 2 line 3.570	_____
Name and Address Intentionally Omitted	Part 2 line 3.444	_____
Name and Address Intentionally Omitted	Part 2 line 3.445	_____
Name and Address Intentionally Omitted	Part 2 line 3.446	_____
Name and Address Intentionally Omitted	Part 2 line 3.447	_____
Name and Address Intentionally Omitted	Part 2 line 3.448	_____
GUARD-LINE, INC. LOUISIANA LONG ARM STATUTE 1001 PROGRESS DR ATLANTA TX 75551	Part 2 line 3.570	_____
Name and Address Intentionally Omitted	Part 2 line 3.374	_____
Name and Address Intentionally Omitted	Part 2 line 3.92	_____
Name and Address Intentionally Omitted	Part 2 line 3.218	_____
Name and Address Intentionally Omitted	Part 2 line 3.756	_____
Name and Address Intentionally Omitted	Part 2 line 3.534	_____
Name and Address Intentionally Omitted	Part 2 line 3.93	_____
Name and Address Intentionally Omitted	Part 2 line 3.845	_____
Name and Address Intentionally Omitted	Part 2 line 3.276	_____
Name and Address Intentionally Omitted	Part 2 line 3.152	_____
INSURANCE COMP ANY OF NORTH AMERICA (AS INSURER OF NORTH AMERICAN ASBESTOS CORPORATION LOUISIANA LONG ARM STATUTE ACN 000 001 276 8585 ARCHIVES DR BATON ROUGE LA 70809	Part 2 line 3.570	_____
Name and Address Intentionally Omitted	Part 2 line 3.93	_____
LAMORAK INSURANCE COMP ANY AS SUCCESSOR TO AMERICAN EMPLOYERS INSURANCE COMPANY LOUISIANA LONG ARM STATUTE ACN 000 001 276 8585 ARCHIVES DR BATON ROUGE LA 70809	Part 2 line 3.570	_____
LAW OFFICE OF REGINA SCOTTO WEDIG LLC REGINA S WEDIG 308 S BAY ST., P O BOX 185 AMITE LA 70422	Part 2 line 3.748	_____

LOMBARD INSURANCE COMP ANY INSURER OF ADVOCATE MINES, LTD. LOUISIANA LONG ARM STATUTE ACN 000 001 276 8585 ARCHIVES DR BATON ROUGE LA 70809	Part 2 line 3.570	_____
MCCARTY CORPORATION, THE (F/K/A MCCARTY-BRANTON, INC.) AGENT FOR SERVICE: PAUL SPAHT 4232 BLUEBONNET BLVD BATON ROUGE LA 70809	Part 2 line 3.570	_____
NEWMAN MATHIS BRADY & SPEDALE MARK C LANDRY A PROFESSIONAL LAW CORPORATION 433 METAIRIE RD.,STE 600 METAIRIE LA 70005	Part 2 line 3.289	_____
NEWMAN MATHIS BRADY & SPEDALE MARK C LANDRY A PROFESSIONAL LAW CORPORATION 433 METAIRIE RD.,STE 600 METAIRIE LA 70005	Part 2 line 3.290	_____
NEWMAN MATHIS BRADY & SPEDALE MARK C LANDRY A PROFESSIONAL LAW CORPORATION 433 METAIRIE RD.,STE 600 METAIRIE LA 70005	Part 2 line 3.291	_____
NEWMAN MATHIS BRADY & SPEDALE MARK C LANDRY A PROFESSIONAL LAW CORPORATION 433 METAIRIE RD.,STE 600 METAIRIE LA 70005	Part 2 line 3.292	_____
NEWMAN MATHIS BRADY & SPEDALE MARK C LANDRY A PROFESSIONAL LAW CORPORATION 433 METAIRIE RD.,STE 600 METAIRIE LA 70005	Part 2 line 3.293	_____
NEWMAN MATHIS BRADY & SPEDALE MARK C LANDRY A PROFESSIONAL LAW CORPORATION 433 METAIRIE RD.,STE 600 METAIRIE LA 70005	Part 2 line 3.294	_____
NEWMAN MATHIS BRADY & SPEDALE MARK C LANDRY A PROFESSIONAL LAW CORPORATION 433 METAIRIE RD.,STE 600 METAIRIE LA 70005	Part 2 line 3.295	_____
NEWMAN MATHIS BRADY & SPEDALE MARK C LANDRY A PROFESSIONAL LAW CORPORATION 433 METAIRIE RD.,STE 600 METAIRIE LA 70005	Part 2 line 3.296	_____
NEWMAN MATHIS BRADY & SPEDALE MARK C LANDRY A PROFESSIONAL LAW CORPORATION 433 METAIRIE RD.,STE 600 METAIRIE LA 70005	Part 2 line 3.297	_____
NEWMAN MATHIS BRADY & SPEDALE MARK C LANDRY A PROFESSIONAL LAW CORPORATION 433 METAIRIE RD.,STE 600 METAIRIE LA 70005	Part 2 line 3.298	_____

NEWMAN MATHIS BRADY & SPEDALE MARK C LANDRY A PROFESSIONAL LAW CORPORATION 433 METAIRIE RD.,STE 600 METAIRIE LA 70005	Part 2 line 3.283	_____
NEWMAN MATHIS BRADY & SPEDALE MARK C LANDRY A PROFESSIONAL LAW CORPORATION 433 METAIRIE RD.,STE 600 METAIRIE LA 70005	Part 2 line 3.284	_____
NEWMAN MATHIS BRADY & SPEDALE MARK C LANDRY A PROFESSIONAL LAW CORPORATION 433 METAIRIE RD.,STE 600 METAIRIE LA 70005	Part 2 line 3.285	_____
NEWMAN MATHIS BRADY & SPEDALE MARK C LANDRY A PROFESSIONAL LAW CORPORATION 433 METAIRIE RD.,STE 600 METAIRIE LA 70005	Part 2 line 3.286	_____
NEWMAN MATHIS BRADY & SPEDALE MARK C LANDRY A PROFESSIONAL LAW CORPORATION 433 METAIRIE RD.,STE 600 METAIRIE LA 70005	Part 2 line 3.287	_____
NEWMAN MATHIS BRADY & SPEDALE MARK C LANDRY A PROFESSIONAL LAW CORPORATION 433 METAIRIE RD.,STE 600 METAIRIE LA 70005	Part 2 line 3.288	_____
Name and Address Intentionally Omitted	Part 2 line 3.374	_____
Name and Address Intentionally Omitted	Part 2 line 3.92	_____
Name and Address Intentionally Omitted	Part 2 line 3.218	_____
Name and Address Intentionally Omitted	Part 2 line 3.451	_____
Name and Address Intentionally Omitted	Part 2 line 3.756	_____
Name and Address Intentionally Omitted	Part 2 line 3.534	_____
Name and Address Intentionally Omitted	Part 2 line 3.93	_____
Name and Address Intentionally Omitted	Part 2 line 3.479	_____
Name and Address Intentionally Omitted	Part 2 line 3.689	_____
Name and Address Intentionally Omitted	Part 2 line 3.480	_____
Name and Address Intentionally Omitted	Part 2 line 3.460	_____
Name and Address Intentionally Omitted	Part 2 line 3.845	_____
Name and Address Intentionally Omitted	Part 2 line 3.334	_____
Name and Address Intentionally Omitted	Part 2 line 3.690	_____
Name and Address Intentionally Omitted	Part 2 line 3.470	_____
Name and Address Intentionally Omitted	Part 2 line 3.367	_____
Name and Address Intentionally Omitted	Part 2 line 3.455	_____
Name and Address Intentionally Omitted	Part 2 line 3.714	_____
Name and Address Intentionally Omitted	Part 2 line 3.714	_____
Name and Address Intentionally Omitted	Part 2 line 3.427	_____

Name and Address Intentionally Omitted	Part 2 line 3.276	_____
Name and Address Intentionally Omitted	Part 2 line 3.152	_____
RICHARD C. TRAHANT 2908 HESSMER AVE METAIRIE LA 70002	Part 2 line 3.736	_____
Name and Address Intentionally Omitted	Part 2 line 3.93	_____
Name and Address Intentionally Omitted	Part 2 line 3.479	_____
Name and Address Intentionally Omitted	Part 2 line 3.455	_____
ST. PAUL FIRE & MARINE INSURANCE COMPANY (AS INSURER OF NORTH AMERICAN ASBESTOS CORPORATION LOUISIANA LONG ARM STATUTE ACN 000 001 276 8585 ARCHIVES DR BATON ROUGE LA 70809	Part 2 line 3.570	_____
TAYLOR-SEIDENBACH, INC AGENT FOR SERVICE ROBERT I. SHEPARD OR HAL SHEPARD 731 S. SCOTT STREET NEW ORLEANS LA 70119	Part 2 line 3.570	_____
Name and Address Intentionally Omitted	Part 2 line 3.845	_____
Name and Address Intentionally Omitted	Part 2 line 3.374	_____
Name and Address Intentionally Omitted	Part 2 line 3.92	_____
Name and Address Intentionally Omitted	Part 2 line 3.218	_____
Name and Address Intentionally Omitted	Part 2 line 3.756	_____
Name and Address Intentionally Omitted	Part 2 line 3.534	_____
Name and Address Intentionally Omitted	Part 2 line 3.93	_____
Name and Address Intentionally Omitted	Part 2 line 3.845	_____
Name and Address Intentionally Omitted	Part 2 line 3.91	_____
Name and Address Intentionally Omitted	Part 2 line 3.276	_____
Name and Address Intentionally Omitted	Part 2 line 3.152	_____
Name and Address Intentionally Omitted	Part 2 line 3.374	_____
Name and Address Intentionally Omitted	Part 2 line 3.92	_____
Name and Address Intentionally Omitted	Part 2 line 3.218	_____
Name and Address Intentionally Omitted	Part 2 line 3.756	_____
Name and Address Intentionally Omitted	Part 2 line 3.534	_____
Name and Address Intentionally Omitted	Part 2 line 3.93	_____
Name and Address Intentionally Omitted	Part 2 line 3.91	_____
Name and Address Intentionally Omitted	Part 2 line 3.276	_____
Name and Address Intentionally Omitted	Part 2 line 3.152	_____
Name and Address Intentionally Omitted	Part 2 line 3.374	_____
Name and Address Intentionally Omitted	Part 2 line 3.92	_____
Name and Address Intentionally Omitted	Part 2 line 3.218	_____
Name and Address Intentionally Omitted	Part 2 line 3.756	_____
Name and Address Intentionally Omitted	Part 2 line 3.534	_____

Name and Address Intentionally Omitted	Part 2 line 3.93	_____
Name and Address Intentionally Omitted	Part 2 line 3.845	_____
Name and Address Intentionally Omitted	Part 2 line 3.91	_____
Name and Address Intentionally Omitted	Part 2 line 3.276	_____
Name and Address Intentionally Omitted	Part 2 line 3.152	_____
UNION CARBIDE CORPORATION AGENT FOR SERVICE CT CORPORATION SYSTEM 3867 PLAZA TOWER DR BATON ROUGE LA 70816	Part 2 line 3.570	_____
UNITED STATES FIDELITY & GUARANTY COMPANY (AS INSURER OF UNDERWOOD GLASS COMPANY AND ITS EXECUTIVE OFFICERS LOUISIANA LONG ARM STATUTE ACN 000 001 276 8585 ARCHIVES DR BATON ROUGE LA 70809	Part 2 line 3.570	_____
Name and Address Intentionally Omitted	Part 2 line 3.449	_____
Name and Address Intentionally Omitted	Part 2 line 3.449	_____
WESTCHESTER FIRE INSURANCE COMP ANY (AS INSURER OF NORTH AMERICAN ASBESTOS CORPORATION LOUISIANA LONG ARM STATUTE ACN 000 001 276 8585 ARCHIVES DR BATON ROUGE LA 70809	Part 2 line 3.570	_____
ZURICH INSURANCE COMP ANY (AS INSURER OF NORTH AMERICAN ASBESTOS CORPORATION) LOUISIANA LONG ARM STATUTE ACN 000 001 276 8585 ARCHIVES DR BATON ROUGE LA 70809	Part 2 line 3.570	_____

Debtor **The Roman Catholic Church of the Archdiocese of New Orleans** Case number *(if known)* **20-10846**

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

				Total of claim amounts
5a.	**Total claims from Part 1**	5a.		$626,458.55
5b.	**Total claims from Part 2**	5b.	**+**	$94,430,708.51
5c.	**Total of Parts 1 and 2** Lines 5a + 5b = 5c.	5c.		$95,057,167.06

Fill in this information to identify the case:

Debtor name: The Roman Catholic Church of the Archdiocese of New Orleans

United States Bankruptcy Court for the: Eastern District of Louisiana

Case number (if known): 20-10846

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to $500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☐ *Schedule A/B: Assets–Real and Personal Property* (Official Form 206A/B)
- ☐ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☐ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☐ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☐ *Schedule H: Codebtors* (Official Form 206H)
- ☑ Amended *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☑ Amended *Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)*
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 11/23/2020
MM/DD/YYYY

✘ */s/ Fr. Patrick Carr*
Signature of individual signing on behalf of debtor

Fr. Patrick Carr
Printed name

Third Vice President, Director and Vicar of Finance
Position or relationship to debtor