UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF MICHIGAN SOUTHERN DIVISION

IN RI	R. CIER OF STREET	
211 101	CITY OF DETROIT Kevyn Orr, Emergency Manage	r CASE NO: 13-53846
	2 Woodward Avenue	CHAPTER: 9
	Suite 1126	JUDGE: RHODES
	Detroit, Michigan 48226	
	Debtor.	.:
		S. S
MO	OTION FOR/TO FILE A LATE (CLAIM EE TO TO TO THE STATE OF
		\$ 00 M
NIOXXI	CREDITOR COMES EXECUTES), and brings this mot	ion for/to PILE A LATE CLATE
NOW	COMES EXECUTE), and brings this mot	ion for/to FILE A LATE CLAIM
	In compact of D	bebtor(s)'s motion, Debtor states the following
	. In support of D	eotor(s)'s motion, Debtor states the to lowing
[state th	ne facts]:	
-	•	
1.	I believe I am a creditor of th	e City of Detroit, and the City of Detroit
	owes me money.	
-		
•••	I believe the City of Detroit of which I voted "NO" because the that if we voted "YES" I would	te. and I learned that "I" was a creditor, wes me \$18,823.00 as stated on the ballot literature stated in the ballot explaining give up my rights to "PROTEST" being named
Ć	EXECUTION that I, THOMASENA BA	amine the enclosed documents that will prove ARGE, AKA THOMASENE BARGE severed employment 1988, and on June 17, 1988, I was paid my
c	andrey. I should not be include	ed in this CHAPTER 9 Bankruptcy: but excluded
WHERE	and my \$18.823.00 refunded to me EFORE, Debtor requests this Court to c	by way of a CHECK for said amount.
	CREDII	· · · · · · · · · · · · · · · · · · ·
F	FILE A LATE CLAIM and afford Debtor	what further relief this Court deems equitable
	A copy of a proposed Order is attached	
		Respectfully submitted,
		Chanalena Daice
Dated: S	eptember 18, 2014	Thomasena Barge AKA Thomasena Barge
		(Debtor's Signature)
		Print Name: Thomasena Barge AKA Thomasene Barge
		N/A
		(Co-Debtor's Signature)
		Print Name: N/A

UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF MICHIGAN SOUTHERN DIVISION

IN RE	CITY OF DETROIT	
		CASE NO:13-53846
		CHAPTER: 9
		JUDGE:Rhodes
	Debtor.	
		_/
,	I did not agree with Kevyn	O/FOR FILE A LATE CLAIM stating that Orr's decision as Emergency Manager to nt of \$18,823.00 from my small "LUMP SUM"
7	This matter having come before the C	CREDITOR Court on Debtor 's motion to/for <u>FILE A LATE CLAI</u> M.
	, the Co	ourt having considered the motion, and having found
cause:		

IT IS ORDERED that the motion is granted.

TIME

:11-21-2013 09:58

NAME

FAX NO.1 :3133435314 :Michigan Works

: 866
: 11.21 09:57
TO : 13139645220
DOCUMENT PAGES : 3
START TIME : 11
END TIME
PAGES STIT

PAGES SENT

: 3

STATUS

: OK

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November 21, 2013

Thomasena Barge 5226 Newport Street Detroit, Michigan 48213

Mr. Al Garrett Local 1023, Council 25 600 W. Lafayette Street Detroit, Michigan 48226

Re: Pension Seniority #196890

Dear Mr. Garrett,

On Friday, November 15, 2013, I contacted you through letter that I left with the gentleman at the downstairs desk in the lobby of Local 1023, Council 25 regarding my possible eligibility for a pension. The reason I had contacted you was that I was told at the Pension Bureau on the 9th floor of the Coleman A. Young Municipal Building that I was nine months short of the ten year requirement.

The reason that I contacted you was that I disputed the information I was given by Danielle Westbrook, City of Detroit Retirement Systems. You advised me to return to the Pension Bureau and request a printout of my service time. I did as you told me on Tuesday, November 19, 2013. At that time I was given this letter by Danielle Westbrook. I told her that you had told me to ask for a printout of my service time, and I was told that the information in the system was not given out.

After looking at the letter I was given, I noticed that the address on the letter had an address located at 2220 Lawrence #204, Detroit, Michigan 48206. At that time that I lived at this address was during my Suspension with Recommendation for Discharge which was 1986. I had moved to this apartment so that I would have a stable place to reside in order for me to be able to get to work with the City of Detroit.

You had represented me in 1986, and won my arbitration for me to regain my position with the Mayor's Neighborhood City Halls as an Assistant Neighborhood Services Representative. I did not receive any back pay, but I did regain my seniority. At that time, I had nine years with the City of Detroit. After that arbitration, I kept all of my paycheck stubs, and I still have them today as proof of my time on the job with the City of Detroit.

I am submitting the letter I received from Danielle Westbrook for your observation by fax from the Michigan Works Office in Grosse Pointe on Mack Avenue. If you want to contact me by phone at the (517) 348-8367 number and can not get through because I have used up the allotted 250 minutes, please contact me at (313) 423-1529. Thank you, Mr. Garrett for your time.

Sincerely

Thomasena Barge

Mmusena

TIME FAX NO.1 :11-27-2013 08:38

NAME

: 3133435314 :Michigan Works

FILE NO.

: 940

DATE TO

: 11.27 08:36 : 🛱 13132243522

END TIME

DOCUMENT PAGES : 3 START TIME : 11.27 08:36 : 11.27 08:38

PAGES SENT STATUS

: 3 : OK

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hone 3/3	1) Z Z Z Z Z Z	362 Phone:	1517)348	-8367 -
to: Red	idment By	flants Date:	Hovember	-27,2013
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2 Woodward Ave. Ste. 908 Detroit, Michigan 48226 Phone 313•224•3362 Toll Free 800•339•8344 Fax 313•224•3522

November 19, 2013

Thomasena Barge 2220 Lawrence St #204 Detroit, MI 48206

Pension#: 196890

RE: Service Check

Dear Ms. Barge;

As of November 19, 2013 you had a total of 9 year(s) and 3 month(s) of service time with the City of Detroit. If you have any questions, please feel free to contact me at 313-224-3362 ext. 227.

Sincerely,

Danielle Westbrook

City of Detroit

Retirement Systems

Disclaimer;

This is a service check based on information available at this time and should not be interpreted as a final determination of your service time.

TIME :11-26-2013 09:42 FAX NO.1 :3133435314 NAME :Michigan Works

FILE NO. : 917

DATE

: 11.26 09:28

TO

: ***** 13139645220

DOCUMENT PAGES : 25 START TIME : 11.26 09:35

END TIME PAGES SENT : 11.26 09:42 : 25 : 0K

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November 26, 2013

Thomasena Barge 5226 Newport Street Detroit, Michigan 48213 Pension #196890 Re: Service Check

Mr. Al Garrett President Local 1023, Council 25 600 W. Lafayette Street Detroit, Michigan 48226

Re: Service Time with City of Detroit

Dear Mr. Garrett,

On November 15, 2013, I faxed you the information that you requested regarding my service time with the City of Detroit. At that time I mentioned that I had the last two years of my pay stubs from the City of Detroit. Today I am faxing you copies of those check stubs as I also did to Danielle Westbrook at the Retirement Systems Of The City of Detroit.

I hope these check stubs will help in assisting in clearing the discrepancy regarding my service time with the City of Detroit from 7/7/77 to 5/1/88.

Sincerely,

Thomasena Barge
Thomasena Barge
Barge

TIME FAX NO.1 :11-26-2013 09:35

NAME

: 3133435314 :Michigan Works

FILE NO.

: 916

DATE TO

: 11.26 09:27 : **☎** 13132243522

DOCUMENT PAGES

: 25

START TIME

: 11.26 09:28

END TIME

: 11.26 09:35

PAGES SENT

STATUS

: 25 : OK

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			•	•

November 26, 2013

Thomasena Barge 5226 Newport Street Detroit, Michigan 48213 Pension #196890 Re: Service Check

Retirement Systems Of The City of Detroit Danielle Westbrook 2 Woodward Ave. Ste. 908 Detroit, Michigan 48226

Dear Danielle Westbrook,

On November 19, 2013, I visited the Retirement Systems Of The City of Detroit regarding my service with the City of Detroit from 7/7/77 to 8/1/88 to obtain that information for Al Garrett, President of Local 1023, Council 25.

At that time I was given a letter with information that you have in your retirement system for the City of Detroit. I faxed that information to Mr. Garrett. However, I do have the last two years of my check stubs and I am supplying copies to Mr. Garrett, and I am supplying copies to you as well. Maybe they will help clear up the discrepancy that I am disputing regarding my time with the City of Detroit.

Sincerely,

Thomasena Barge

Thomasena Barge

TIME

:12-02-2013 12:40

FAX NO.1 NAME

: 3133435314 :Michigan Works

FILE NO.

: 987

DATE TO

: 12.02 12:32 :**☆** 13132249194

DOCUMENT PAGES : 29 START TIME : 12.02 12:33

END TIME

PAGES SENT

: 12.02 12:40

STATUS

: 29 : OK

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ma	ulim Roc Executive	Bardigo From:	Thomase	re Barge
Fax: (3/3)	224-919	Pages	· 25	
Phone:(3/3	3)224-336	62 × 203 Phone	(313) 423	- 1529
Re: Da	ince Ch	ece Dates	Decemb	er 2, 201
Jenten El Urgent	E For Review	□ Please Commont	Please Reply	□ Picaso Recyc
			V	

December 2, 2013

Thomasena Barge 5226 Newport Street Detroit, Michigan 48213 (313) 423-1529

Marilyn Rock Berdijo Asst. Executive Director Board of Trustees General Retirement System 2 Woodward Ave. Rm 908 Detroit, Michigan 48226 (313) 224-3362 x203

Your Honorable Body Board of Trusties:

At this time, I am requesting a hearing before the Board of Trustees regarding my Service Time with the City of Detroit from July 7, 1977 to May 1, 1988. The Retirement System has my time as deficient by nine (9) months. I refute the time that is on the Retirement System Records.

I am submitting the last two years plus of check stubs from the City of Detroit. The main reason that I still have those check stubs is these check stubs started after I was represented by the Union President, Al Garrett. It was a painful time with the City of Detroit.

I am faxing all of the information that I have accumulated since November 12, 2013 when I learned by accident that I might be eligible for a pension. I am faxing the letter that I wrote to Mr. Garrett, and I am faxing you the letter that I received from Ms. Danielle Westbrook. In addition I am faxing you the check stubs. I am thanking you in advance.

Sincerely,

Thomasena Barge
Thomasena Barge
Dauge

TIME

:01-22-2014 09:30

FAX NO.1 NAME

: 3133435314 :Michigan Works

FILE NO.

: 478

DATE T0

: 01.22 09:26 ; ***** 13132249194

END TIME

DOCUMENT PAGES : 19 START TIME : 01.22 09:26

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: 01.22 09:30 : 19

STATUS

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January 22, 2014

Thomasena Barge 5226 Newport Street Detroit, Michigan 48213 (313) 423-1529 Pension #196890

Marilyn Rock Berdijo Asst. Executive Director Board of Trustees General Retirement System 2 Woodward Ave. Rm. 908 Detroit, Michigan 48226 (313) 224-3362 X203 Fax: (313) 224-9194

Your Honorable Body Board of Trusties:

On December 2, 2013, I penned a letter to you regarding time with the City of Detroit under the Coleman A. Young Administration. Since that time, I have been contacted that a recalculation of my time verified that I did indeed have the Ten Year Requirement to be eligible for a pension from the City of Detroit. I officially retired on Wednesday, December 17, 2013. At that time, I was told at my Exit Interview with Senior Clerk, Ms. Shirley Hill that I would receive my first Benefits on January 31, 2014 since the first of the month of February would fall on a Saturday.

On yesterday, January 21, 2014, I appeared at the General Retirement Systems and I spoke to Ms. Westbrook regarding the "letter" that Ms. Hill informed me that I would be receiving to inform me of the Benefits that I would be receiving. I learned from Ms. Westbrook that the "Approval Letter" had not been generated from Your Honorable Body Board of Trusties. That is why I am penning this letter this morning to Your Honorable Bard of Trusties.

This letter is to inform you of my indigent status. I have been living in poverty for the past twenty-five and a half years since I resigned under duress from the City of Detroit. However, I am focusing at this time on the past ninety days. On November 18, 2013, I had a devastating fall on Wayne State Campus at the Undergraduate Library. I injured my left shoulder rotator cuff, my left hip, my left pelvic and my back. I have been under doctor's care with the Henry Ford Health System when I went for X-rays at Cottage Hospital located in Grosse Pointe, Michigan.

My doctors at the Harbor Town location of the Henry Ford Health System who are Dr. Gonzales and Dr. Passerman referred me to take Physical Therapy for my injuries because I am incapacitated. My mobility has been severely handicapped since I fell on

GENERAL RETIREMENT SYSTEM

OF THE CITY OF DETROIT

BENEFIT ESTIMATE

Calculated on: 12/02/2013 (Vested Pension Effective 8/1/2004)



BARGE,THOMASENA 5226 NEWPORT ST

DETROIT MI 48213

Date of Birth: Service Date 07/20/1942 07/09/1978

Retirement Date:

8/1/2004

YR

YR M

Member Age

 $\frac{R}{\Omega} = \frac{MO}{\Omega}$

Calculation Factors Effective

SSN:

XXX - XX - 9261

04/29/1988

Pension #:

196890

Revenue Group	Service Credit	Service Credit	(A F C) <u>Average Final Con</u>	nensation
1	Years	Months	AFC from Wages	\$16,681.61
Included Military Service Credit	0	0	Ar C Holli Wages	\$10,001.01

TOTAL PENSION	ON P	RIOR '	TO OPTI	ION SELEC	CTION	Annuity
Service Pension	+	Basic	Pension		Total Pension	Balance
\$2,570.22		\$120.0	0		\$2,690.22	\$0.00

15.408% Pension Calculation Percentage Factor

FOR QUESTIONS AND/OR APPOINTMENTS, PHONE (313) 224-3362

THIS IS A RETIREMENT ESTIMATE BASED ON INFORMATION AVAILABLE AT THIS TIME. IT SHOULD NOT BE INTERPRETED AS A FINAL RETIREMENT ALLOWANCE

GENERAL RETIREMENT SYSTEM

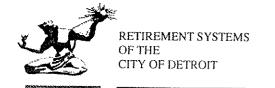
		BENEFI	BENEFIT ESTIMATE	Cal	Calculated on: 12/02/2013	12/02/2013
BARGE, THOMASENA	NA .		Emated		Equater	
Pension #: 196890	068		[0.930473]	3	[0.739805]	051
		STANDARD	BEFORE 62	AFTER 62	BEFORE 65	
Straight Life	City Portion	\$224.18	\$0.00	\$208.59	\$390.03	\$165.85
0.008522	Annuity	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Total	\$224.18	\$0.00	\$208.59	\$390.03	\$165.85
Cash Refund Ann.	City Portion	\$224.18	\$0.00	\$208.59	\$390.03	\$165.85
0.008369	Annuity	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Total	\$224.18	\$0.00	\$208.59	\$390.03	\$165.85

Page 2

City of Detroit

GENERAL RETIREMENT SYSTEM APPLICATION FOR SERVICE RETIREMENT

VESTED	PENSION NUMBER 191091
To the Board of Trustees, City of Detroit General Retirement System:	SOCIAL SECHE SAULIMBER
1. THOMASENA BARGE	
for service retirement in accordance with the provisions	, a member of the Retirement System, hereby apply s of the law and related rules and regulations.
My date of birth is:	I request my retirement to be effective:
Month \sqrt{ULY} Day 20 Year 42	Month AUG Day / Year 02
I desire my retirement allowance benefits sent to:	My title on the payroll is:
No. 5226 Street NEW PORT	NEIGHBORHOOD SERVICE RED.
City DETROIT State M 482/3	Department employed in: MAYOR
In connection with my application for retirement on	MAYOR 8-1-02, I request a refund of \$ With DeawN
from my Annuity Savings Fund. I elect to receive my retirement allowance in the following (place one X in a square on each line; a total of two X's.)	
STANDARD	EQUATED If you selected Increased to Age this option please & Decreased Thereafter initial
REGULAR STRAIGHT LIFE Allowance OPTION I Cash Refund Annuity OPTION 2 Joint and 100 Survivorship	% OPTION 3 OPTION A OPTION B Joint and 50% Joint and 75% Joint and 25% Survivorship Survivorship
(Write plan of retirement elected) SHRAIGHT	LIFE
If option 2, 3, A or B elected, do you desire Pop-Up Plan	Protection? Yes No
	Normasena Dassessinature of Member
I nominate as my beneficiary:	Beneficiary's date of birth:
	Month DayYear
Beneficiary's Address	Beneficiary's place of birth: Beneficiary's Soc Sec No:
No Street	
	Beneficiary's relationship to me: Sex
City State	
PROOF OF BIRTH DATE OF BENEFICIARY R	EQUIRED IF OPTION 2, 3 A OR B, IS ELECTED
Dated at <u>DEFROIT</u> , MI this	5 17th day of DEC. 20 13
Mindry blice	MAMALGAR Anne
Signature of Witness	Signature of Retiring Member
Any balance under Option 2, 3, A or B is to be pa	id to my
date o	Relationship
Name of Beneficiary	
Signature of Witness	Signature of Member
C of D 9S-AP (10-96)	



2 WOODWARD AVE. STE. 908 DETROIT, MI 48226-3413 PHONE 313-224-3362 TOLL FREE 800-339-8344 FAX 313-224-3522

February 27, 2014

Re: Signature Verification of Pension Recipient

REC'D MAR 07 2014

BARGE, THOMASENA 5226 NEWPORT ST DETROIT, MI 48213-3741

r \	**	
Llear	Retiree	٠.
L	IVULITUE	

The Board of Trustees of the Retirement System requires that your signature verification record be updated periodically.

It is necessary that you have this form signed, notarized and returned by the 14th of the month.

Name: BARGE, THOMASENA Social Security Number XXX-X-X--9261 Address: 5226 NEWPORT ST DETROIT, MI 48213-3741

The above information is correct: No My correct Address is: Signature of Retirant: **Telephone Number:**

Your signature is required and should be signed and attested by a Notary Public affixed with a stamp or seal.

On this _____ day of March ______, <u>2014</u> before me personally appeared the abovenamed, known to me to be the person described in and who executed the foregoing signature.

Notary Public

My commission expires

uita Waller

My Commission Expires May Acting in the County If signed as Power-of-Attorney, an original of the Power-of-Attorney

NOTE: IT IS IMPORTANT THAT THIS FORM BE COMPLETED AND RETURNED BY THE 14TH OF THE MONTH. FAILURE TO DO SO MAY RESULT IN YOUR MONTHLY PENSION CHECK BEING HELD. IF YOU HAVE DIRECT DEPOSIT, IT MAY BE CANCELLED.

County

If you have any questions regarding this letter, please contact the undersigned at (313) 224-3362 extension 238. Very truly yours,

Juanita Waller **RSCD** Specialist

Wayne County

Name Thomasent BARGE



GENERAL RETIREMENT SYSTEM RETIREMENT APPLICATION CHECKLIST

4	TVDE OF DETIDEMENT					Initial Selections
	 TYPE OF RETIREMENT □ Service Retirement 	Duty Dischill	i Datiasasat	ET MONTH	. 5.	
		☐ Duty Disabili		☐ Widow		
	☐ Early Retirement	□ Non-Duty Di	•			ent Annuity Balance
	☐ Conversion	☐ Survivors Pe	ension	Vested	Pension-Pensity Date	sion Retroactive to
~	ODTION OF FORM			Liigibii	ny Date	172
2	Detailed its					<u> </u>
	Straight Life	☐ Option 1 (Ca		• •	Option A (75	,
	☐ No option required	☐ Option 2 (10	•		Option B (25	5% Survivor
	I understand that wi spousal health care	□ Option 3 (50) th selection of S benefits after re	traight Life or	Option 1 th	ere will be no	
3.	UNUSED SICK PAY OPTI	<u>on</u> 🗆 ye	S	□ NO		
4.	POP-UP SELECTION	□ YE	S	□ NO		
5.	EQUATED SOCIAL SECU	RITY OPTION	□ AGE 62	□ AGE	65	
	I understand that my the first day of the m	gross monthly onth following i	pension will b	e reduced o	effective	
6.	MATERNITY LEAVE (7-2-	65 TO 9-19-72)	□ YES	□ NO		
7.	DEFINED CONTRIBUTION	N PLAN (Annuity	/ Fund)			1.8.
	☐ No Withdrawal	☐ Partia	l Withdrawal			
	ጆ Previously Withdrawn	☐ Total \	Withdrawal			
		☐ Rollov	er-Form to be	submitted		
	Annuity Withdrawal Fo	orms and Interest	Letter Receive	ed		
	Bonus Distribution Not	tice Reviewed				
	WITHHOLDING TAX					11. B.
	No withholding	☐ Married		Exemptio	ns	
	☐ Fixed amount \$	D Single	****	Exemptio	ns	11-72
	STATE WITHHOLDING TA	<u>.x</u>				/ De
	X 1. Not taxable ☐ 2. I	Before 1946 ☐	3. Between 19 and 1952	946 🗆 4. /	After 1952	
9.	DIRECT DEPOSIT	K YES	□ NO			T.B.

GENERAL RETIREMENT SYSTEM RETIREMENT APPLICATION CHECKLIST (Page 2)

(Page 2) Initial Selections 10. HOSPITALIZATION Declined/Not Entitled ☐ Blue Cross □ Community Blue ☐ H.A.P. ☐ Blue Care Network ☐ COBRA 11. EYE CARE COVERAGE Declined/Not Entitled ☐ Heritage □ Spectera 12. DENTAL COVERAGE Declined/Not Entitled ☐ Blue Cross ☐ Golden Dental □ DeпСар 13. DEATH BENEFIT ☐ YES □ NO 14. GROUP LIFE INSURANCE (Disability Only) ☐ YES □ NO 15. GROUP LIFE INSURANCE-WAIVER OF PREMIUM ☐ YES □ NO (TOTAL & PERMANENT DISABILITY) 16. PROOF OF BIRTH Supplied **EMPLOYEE** ☐ To Be Supplied BENEFICIARY | Supplied ☐ To Be Supplied 17. MARRIAGE CERTIFICATE □ Not married ☐ Supplied ☐ To Be Supplied 18. DIVORCE/EDRO ☐ YES □ NO 19. BENEFICIARIES CONFIRMED ANNUITY DEATH BENEFIT LIFE INSURANCE 20. MILITARY SERVICE PURCHASED ☐ YES I acknowledge that any outstanding balance for the purchase of military service time must be paid in full before my retirement I HEREBY CERTIFY THE FOLLOWING: I have carefully read the above. 2. I understand the benefits and the options available. 3. I had the opportunity to ask questions. 4. I understand changes will not be allowed after I cash my first pension check or 180 days after my retirement date, whichever comes first.

January 23, 2014

THOMASENA BARGE 5226 NEWPORT ST DETROIT MI 48213-3741

Re: N-196890

Dear Ms. Barge:

On January 22, 2014, the Board of Trustees approved your Vested Retirement, effective August 1, 2002.

You selected the Straight Life Retirement Allowance. Upon your death, your retirement allowance will stop. Your accumulated contributions from the Annuity Savings Fund have already been refunded to you.

Your benefit will be approximately \$224.18 per month. Your first check covering the period from August 1, 2002 through February 28, 2014 will be mailed to you on or about March 1, 2014.

Very truly yours,

BOARD OF TRUSTEES

General Retirement System

DGRS 2

General Retirement System of the City of Detroit 2 Woodward Ave Ste 908 Detroit, MI 48226-3455

Retirement Code E-80-0-1

Tax Code No Withholding Pension No 196890 Social Security No XXX-XX-9261 Page 001 of 001
Period Beginning: 02/01/2014
Period Ending: 02/28/2014
Check Date: 03/01/2014
Check Number: 1000257056
Batch Number: 000000000525

BARGE, THOMASENA 5226 NEWPORT ST DETROIT MI 48213-3741

EARNINGS	RATE	ADJUSTMENT	CURRENT				ON CODE CURRENT Y	11)
Pension	285.81	31424.98	37065.70	37065.70	Federal I	ncome Tax	0.00	0.00
Annui ty	0.00	0.00	0.00	0.00	Michigan	Income Tax	0.00	0.00

First Check--Your payment rates have been approved

Gross Pay

37065.70

37065.70 Total Deductions Net Pay 0.00

0.00

\$37,065.70

IMPORTANT NOTES

Health care deductions reflected above are based on your elections.
Health care Stipends will come to eligible retirees separately. Expect stipend checks to arrive within the first week of March, 2014.
Adjustments to your health care may result in increased pension check amounts.
Questions call 1-855-224-6200

DGRS

General Retirement System of the City of Detroit 2 Woodward Ave Ste 908 Detroit, MI 48226-3455 9-107/720

Check Number:

1000257056

Check Date:

03/01/2014

This amount:

THIRTY SEVEN THOUSAND SIXTY FIVE DOLLARS AND 70/100

\$**37,065.70

Pay to the order of:

BARGE, THOMASENA

Void after 90 days

Cynthia A. Thomas

First Independence National Bank of Detroit 44 Michigan Ave Detroit, Michigan 48226 @1998, 2006. ADP, Inc. All Rights Reserved

TEAR HERE



General Retirement System of the City of Detroit 2 Woodward Ave Ste 908 Detroit, MI 48226-3455

Retirement Code E-80-0-1

Tax Code No Withholding Pension No 196890 Social Security No XXX-XX-9261

PENSION STATEMENT

Period Beginning: Period Ending:

Check Date: Check Number: Batch Number:

03/01/2014 03/31/2014 04/01/2014 1000259094 000000000530

Page 001 of 001

BARGE, THOMASENA 5226 NEWPORT ST DETROIT MI 48213-3741

FARNINGS	DATE	ADJUSTMENT	CURRENT	YTO	DEDUCTION	VS.	DEDUCTION CO	DE CURRENT	YTD
Pension	285.81	-50.00	235.81	37301.51	Federal	ncome	lax	0.00	0.00
Annuity	0.00	0.00	0.00	0.00	Michigan	Income	Tax	0.00	0.00

Gross Pay

235.81

37301.51 Total Deductions Net Pay

0.00

0.00

\$235.81

IMPORTANT NOTES

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General Retirement System of the City of Detroit 2 Woodward Ave Ste 908 Detroit, Mi 48226 - 3455

9-107/720

Check Number:

1000259094

Check Date:

04/01/2014

This amount:

TWO HUNDRED THIRTY FIVE DOLLARS AND 81/100

\$**235.81

Pay to the order of:

BARGE, THOMASENA

Void after 90 days

Cynthic A. Thomas

First Independence National Bank of Detroit 44 Michigan Ave Detroit, Michigan 48226



General Retirement System of the City of Detroit 2 Woodward Ave Ste 908 Detroit, MI 48226-3455

Period Ending: Check Date: Check Number: Batch Number:

Period Beginning:

Page 001 of 001 05/01/2014 05/31/2014 06/01/2014 1000262978 000000000543

BARGE, THOMASENA 5226 NEWPORT ST DETROIT MI 48213-3741

Retirement Code E-80-0-1

Tax Code No Withholding Pension No 196890 Social Security No XXX-XX-9261

							DEĐU	CTION CODE CURRENT Y	(TD
Pension	285.81	-50.00	235.81	37773.13	Federal	Income	ax	0.00	0.00
Annuity	0.00	0.00	0.00	0.00	Michigan	Income	Tax	0.00	0.00

Gross Pay

235.81

37773.13 Total Deductions Net Pay

ITY COLORED AREA WUST CHANGE IN TONE GRADUALLY AND EVENLY FROM DARK AT

0.00

\$235.81

0.00

IMPORTANT NOTES

The General Retirement System and the Police and Fire Retirement System office is relocating across the street from the current office in the Coleman A. Young Municipal Building to the One Detroit Center. Our new address will be: 500 Woodward Avenue, 30th Floor, Suite 3000 Detroit, MI 48226. Our office will be closed on Friday, June 13, 2014. On June 16, 2014, we will open for business in our new location. All of our phone numbers and email addresses will remain the same. Visit www.rscd.org or www.pfrsdetroit.org for more information.

If you are entitled to receive a healthcare stipend from the City of Detroit, it is included in this month's pension check. If you have questions about the stipend or your healthcare, contact the Benefit Administration Office at 1-855-224-6200.

2002 Automatic Data Processing (PC)94644

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TEAR HERE

DGRS

General Retirement System of the City of Detroit 2 Woodward Ave Ste 908 Detroit, MI 48226-3455 9-107/720

Check Number:

1000262978

Check Date:

06/01/2014

This amount

TWO HUNDRED THIRTY FIVE DOLLARS AND 81/100

\$**235,81

Pay to the order of:

BARGE, THOMASENA

Void after 90 days

Cynthia A. Thomas

First Independence National Bank of Detroit 44 Michigan Ave Detroit, Michigan 48226

General Retirement System of the City of Detroit 500 Woodward Ave Ste 3000 Detroit, MI 48226-5493

Period Ending: Check Date: Check Number: Batch Number:

Period Beginning:

06/01/2014 06/30/2014 06/30/2014 1000266741

Page 001 of 001

000000000551

Retirement Code E-80-0-1

Tax Code No Withholding Pension No 196890 Social Security No XXX-XX-9261 BARGE, THOMASENA 5226 NEWPORT ST DETROIT MI 48213-3741

EARNINGS	RATE A	UJJUSTMENT	CURRENT	1110	DEDUCTION	VS	DEDUCTION	CODE CURRENT	YTĐ
Pension	285.81	-50.00	235.81	38008.94	Federal	Income	ax	0.00	0.00
Annui ty	0.00	0.00	0.00	0.00	Michigan	Income	Tax	0.00	0.00

Gross Pay

235.81

38008.94 Total Deductions Net Pay

0.00 \$235.81 0.00

IMPORTANT NOTES

9-107/720

Check Number:

1000266741

Check Date:

06/30/2014

This amount:

TWO HUNDRED THIRTY FIVE DOLLARS AND 81/100

\$**235.81

Pay to the order of:

BARGE, THOMASENA

General Retirement System

of the City of Detroit 500 Woodward Ave Ste 3000

Detroit, MI 48226-5493

Void after 90 days

Cynthic A. Thomas

First Independence National Bank of Detroit 44 Michigan Ave Detroit-Michigan 48226

Page 25 of 51

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General Retirement System of the City of Detroit 500 Woodward Ave Ste 3000 Detroit, MI 48226-5493

Page 001 of 001 07/01/2014

Period Beginning: Period Ending: Check Date: Check Number:

Batch Number:

07/31/2014 08/01/2014 1000268600

000000000557

BARGE, THOMASENA 5226 NEWPORT ST DETROIT MI 48213-3741

Retirement Code E-80-0-1

Tax Code No Withholding Pension No 196890 Social Security No XXX-XX-9261

EARN INGS	200,000,000,000,000,000,000			YTD	DEDUCTEONS	DEDUC	TION CODE CURRENT	/10
Pension	285.81	-50.00	235.81	38244.75	Federal Income	Tax	0.00	0.00
Annuity	0.00	0.00	0.00	0.00	Michigan Incom	Tax	0.00	0.00

Gross Pay

235.81

38244.75 Total Deductions Net Pay

0.00 \$235.81 0.00

IMPORTANT NOTES

■ TEAR HERE

VERIFY DOCUMENT AUTHENTICITY - COLORED AREA MUST CHANGE IN TONE GRADUALLY AND EVENLY FROM DARK AT TOP TO LIGHTER AT BOTTOM (%



General Retirement System of the City of Detroit 500 Woodward Ave Ste 3000 Detroit, MI 48226-5493

9-107/720

Check Number:

1000268600

Check Date:

08/01/2014

This amount:

TWO HUNDRED THIRTY FIVE DOLLARS AND 81/100

\$**235.81

Pay to the order of:

BARGE, THOMASENA

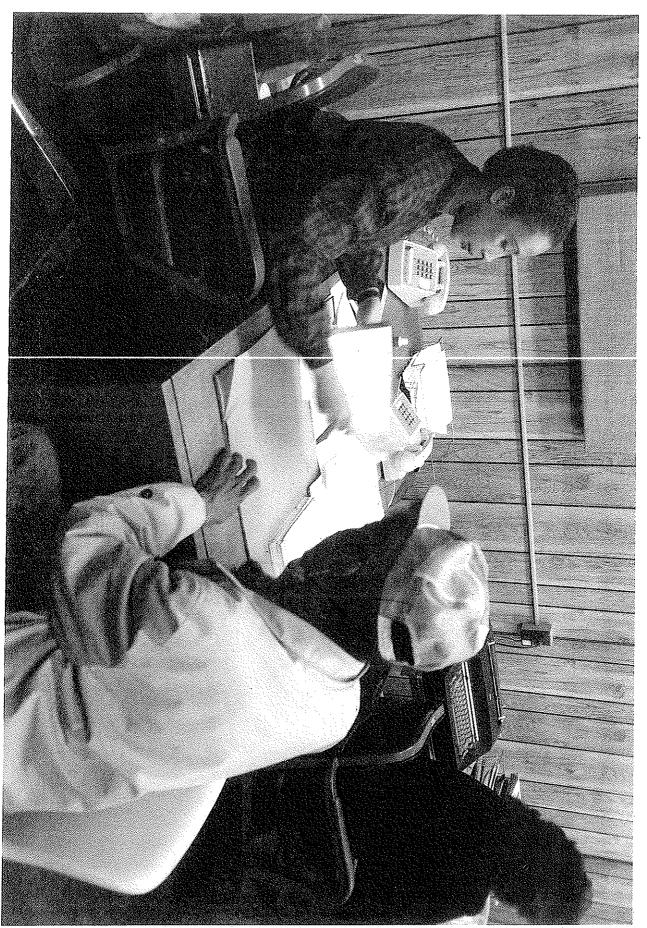
Void after 90 days

Cynthia A. Thom

First Independence National Bank of Detroit 44 Michigan Ave Detroit, Michigan 48226

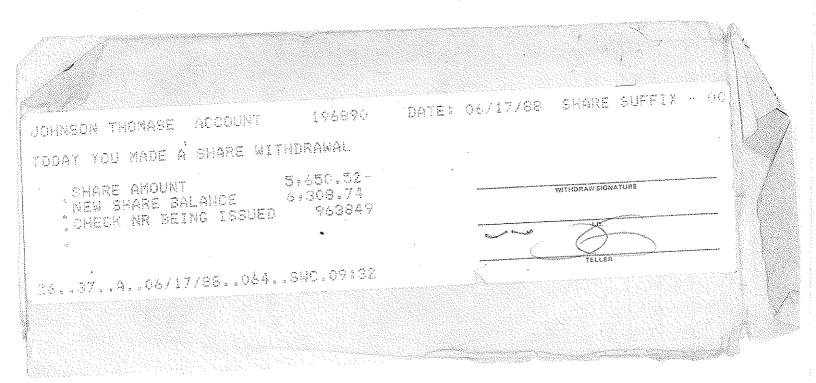
> 95846-5WFB FD66"75810 7F16600918714 DENREPED09719F14 10:48:11 Page 26 of 51

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13-53846-swr Doc 7581 Filed 09/18/14 Entered 09/19/14 10:48:11 Page 27 of 51

CITY OF DETROIT . 120 CITY-COUNTY BLDG. . DETROIT, MICHIGAN 48226 AGENCY NO. NON-DEPARTMENTAL DATE 06-16 REFERENCE PLEASE DETACH BEFORE DEPOSITING CHECK INVOICE NO. AMOUNT REFERENCE INVOICE NO. 94004427 373449 AMOUNT 1195926 ANNU-REF-8/M 06/08/88 0603773 SEQUENCE NO. \$11,959.26 VENDOR NO. TOTAL



STATEMENT OF EARNINGS AND DEDUCTIONS 3/14/84006x000316 3/09/86 PAID 2/24/85 TO 96890 PAYROLL 8 FOR TO YOUR SOC. SEC. NO. IS THE NUMBER TO WHICH YOUR DEDUCTIONS ARE POSTED AND SHOULD BE NOTED IN ALL INQUIRIES. WEEK BANK EMPLOYEE NAME 4 BARGE, THOMASENA YEAR TO DATE TAXES, DEDUCTIONS AND REIMBURSEMENTS EARNINGS TYPE AMOUNT TYPE AMOUNT AMOUNT TYPE AMOUNT YTD TYPE AMOUNT CF TIME 3491 BENEFIT PLAN 2496 2495 27932 3200 REGULAS SURVIVOR FEDERAL WITHHELD 4034 4034 OVERTIME 320 1781 HET. VACATION 1781 MICHIGAN WITHHELD SHIFT PREM. Ĵ 1047 COMP TIME DETROIT WITHHELD BONUS 1047 COLA 0 PRIOR COMP TIME 100 HOSPITAL 6983 SWH 800 Û SICK TIME , RESERVE SICK TIME 160 SWH BOND PURCHASE BOND BALANCE AMOUNT TOTAL TAXES, DEDUCTIONS 25957 TOTAL 9358 OF CHECK AND REIMBURSEMENTS 34915 GROSS PAYROLL NOT NEGOTIABLE 33 1190 AGENCY UNIT DETACH AND RETAIN FOR YOUR RECORDS CITY OF DETROIT, FINANCE DEPARTMENT, TREASURY DIVISION STATEMENT OF EARNINGS AND DEDUCTIONS ck 000320 3/28/86 3/23/85 PAID 3/10/86TO 196890 PAYROLL B YOUR SOC. SEC. NO. IS THE NUMBER TO WHICH YOUR DEDUCTIONS ARE POSTED AND SHOULD BE NOTED IN ALL INQUIRIES. WEEK ACCOUNT BANK EMPLOYEE NAME 13 BARGE, THOMASENA TAXES, DEDUCTIONS AND REIMBURSEMENTS YEAR TO DATE EARNINGS AMOUNT TYPE AMOUNT TYPE AMOUNT: TYPE AMOUNT TYPE AMOUNT GROSS EARNINGS OFFERRED PAY PLAN 10974 7847 5351 69831 8000 FIÇA REGULAR LIFE INS. SURVIVOR BENEFIT FEDERAL WITHHELD 15913 11879 OVERTIME 320 CREDIT VACATION MICHIGAN WITHHELD 5597 3816 SHIFT 0 COMP TIME 3292 DETROIT 2245 BONOS COLA 0 PRIOR COMP TIME 00 HOSPITAL 5000 OÜ LONG 0 SICK TIME RESERVE SICK TIME 0 160 SWK BOND PURCHASE BOND BALANCE AMOUNT TOTAL TAXES, DEDUCTIONS 51540 TOTAL 23291 OF CHECK AND REIMBURSEMENTS 74831 GROSS NOT NEGOTIABLE PAYROLL 1190 38 UNIT 1190 AGENCY DETACH AND RETAIN FOR YOUR RECORDS CITY OF DETROIT, FINANCE DEPARTMENT, TREASURY DIVISION 4/25/8363 STATEMENT OF EARNINGS AND DEDUCTIONS c'k 00'03234 4/20/86 PAID 4/07/86 TO 196891) PAÝROLL B -YOUR SOC. SEC. NO. IS THE NUMBER TO WHICH YOUR DEDUCTIONS ARE POSTED AND SHOULD BE NOTED IN ALL INQUIRIES. WEEK ACCOUNT BANK EMPLOYEE NAME SOC, SEC, NO 17 BARGE THOMASENA YEAR TO DATE TAXES, DEDUCTIONS AND REIMBURSEMENTS EARNINGS AMOUNT AMOUNT TYPE TYPE AMOUNT TYPE AMOUNT YTD TYPE AMOUNT UNIT DEFERRED PAY PLAN 249401 BENEFIT 4993 17833 69831 8 0000 FICA REGULAR SURVIVOR BENEFIT LIFE FEBERAL WITHHELD 11085 38083 3201 OVERTIME CREDIT VACATION 12021 3212 MICHIGAN WITHHELD SHIFT PREM. 01 COMP TIME 7482 BONDS DETROIT 2395 o: COLA PRIOR COMP TIME 00 HOSPITAL 0 SICK TIME RESERVE SICK TIME n 160 SHH BOND PURCHASE BOND BALANCE AMOUNT TOTAL TAXES, DEDUCTIONS 48446 OF CHECK TOTAL 21385 AND REIMBURSEMENTS 69831 GROSS PAYROLL NOT NEGOTIABLE 1190 38 UNIT 1190 DETACH AND RETAIN FOR YOUR RECORDS AGENCY MAIL

CODE

196890 PAYROLL B 3/24/86 TO FOR 4/06/86 PAID YOUR SOC. SEC. NO. IS THE NUMBER TO WHICH YOUR DEDUCTIONS ARE POSTED AND SHOULD BE NOTED IN ALL INQUIRIES. SOC. SEC. NO. EMPLOYEE NAME BANK ACCOUNT WEEK BARGE THOMASENA 15 EARNINGS TAXES, DEDUCTIONS AND REIMBURSEMENTS YEAR TO DATE OF TIME AMOUNT TYPE AMOUNT TYPE AMOUNT TYPE AMOUNT AMOUNT REGULAR 7600 66339 BENEFI" 4993 DEFERRED PAY PLAN FICA 12840 GROSS EARNINGS 17957 OVERTIME FEDERAL WITHHELD 11085 26998 SURVIVOR BENEFIT SHIFT PREM. MICHIGAN WITHHELD 3212 8809 CREDIT . 320 VACATION COLA DETROIT 2095 5387 BONDS 0 COMP TIME HOL 400 3492 HOSPITAL 00 PRIOR COMP TIME 0 0 SICK TIME RESERVE SICK TIME 0 BOND PURCHASE SOND BALANCE SWH 160 TOTAL TOTAL TAXES, DEDUCTIONS AMOUNT OF CHECK GROSS 69831 AND REIMBURSEMENTS 21385 68446 38 MAIL AGENCY UNIT NOT NEGOTIABLE PAYROLL DETACH AND RETAIN FOR YOUR RECORDS CITY OF DETROIT, FINANCE DEPARTMENT, TREASURY DIVISION STATEMENT OF EARNINGS AND DEDUCTIONS 5/09/88 196890 PAYROLL . B FOR 4/21/86 TO 5/04/86 PAID CKOOO330 YOUR SOC. SEC. NO. IS THE NUMBER TO WHICH YOUR DEDUCTIONS ARE POSTED AND SHOULD BE NOTED IN ALL INQUIRIES. EMPLOYEE NAME BANK ACCOUNT WEEK BARGE, THOMASENA 19 EARNINGS TAXES, DEDUCTIONS AND REIMBURSEMENTS YEAR TO DATE AMOUNT TYPE AMOUNT YTD TYPE AMOUNT TYPE AMOUNT TYPE AMOUNT REGULAR 6800 59356 BENEFIT PLAN 4993 22826 DEFERRED PAY PLAN GROSS EARNINGS 31923 OVERTIME FEDERAL WITHHELD 11085 49168 SURVIVOR BENEFIT SHIFT MICHIGAN WITHHELD 3212 15233 CREDIT 3201 VACATION COLA DETROIT WITHHELD 2095 9577 01 COMPITME SWH 1 200 10475 HOSPITAL 00 PRIOR COMP TIME 01 80(SICK TIME RESERVE SICK TIME 01 BOND PURCHASE SWH 401 BOND TOTAL TOTAL TAXES, DEDUCTIONS **GROSS AMOUNT** 69831 AND REIMBURSEMENTS 21385 OF CHECK 48446 1190 MAIL 38 AGENCY 1190 UNIT NOT NEGOTIABLE PAYROLL DETACH AND RETAIN FOR YOUR RECORDS CITY OF DETROIT, FINANCE DEPARTMENT, TREASURY DIVISION STATEMENT OF EARNINGS AND DEDUCTIONS 196890 PAYROLL 5/05/86 TO FOR 5/18/86 PAID 5/23/86 YOUR SOC. SEC. NO, IS THE NUMBER TO WHICH YOUR DEDUCTIONS ARE POSTED AND SHOULD BE NOTED IN ALL INQUIRIES. EMPLOYEE NAME BANK ACCOUNT WEEK BARGE, THOMASENA 101172799 21 EARNINGS TAXES, DEDUCTIONS AND REIMBURSEMENTS YEAR TO DATE OF TIME UNIT AMOUNT TYPE AMOUNT YTD TYPE AMOUNT TYPE AMOUNT TYPE AMOUNT 7200 62848 4993 REGULAS 27819 BENEFIT FICA DEFERRED PAY PLAN GROSS EARNINGS 389071 OVERTIME FEDERAL WITHRELD 11085 60253 SURVIVOR BENEFIT SHIFT 3212 MICHIGAN WITHHELD 18445 CREDIT 280(VACATION DETROIT WITHRELD 2095 11672 00 SWH 400 3492 00 HOSPITAL 00 PRIOR COMP TIME VAC 400 3492 80 î SICK TIME 00 TOTAL TOTAL TAXES, DEDUCTIONS AMOUNT 69832 GROSS AND REIMBURSEMENTS 21385 OF CHECK 48447 38 AGENCY UNIT NOT NEGOTIABLE PAYROLL CODE

OF DETROIT, FINANCE DEPARTMENT, TREASURY DIVISION STATEMENT OF EARNINGS AND DEDUCTIONS

DETACH AND RETAIN FOR YOUR RECORDS

STATEMENT OF EARNINGS AND DEDUCTIONS PAYROLL '8 5/19/86 TO 6/01/86 FOR 6/06/86 ST500028 PAID TYOUR SOC. SEC. NO. IS THE NUMBER TO WHICH YOUR DEDUCTIONS ARE POSTED AND SHOULD BE NOTED IN ALL INQUIRIES. SOC SEC. NO EMPLOYEE NAME BANK ACCOUNT WEE BARGE, THOMASENA 01 01172799 23 EARNINGS TAXES, DEDUCTIONS AND REIMBURSEMENTS YEAR TO DATE AMOUNT UNIT TYPE AMOUNT OF TIME AMOUNT TYPE AMOUNT TYPE AMOUNT 7200 62848 REGULAR 4992 FICA 32811 BENEFIT DEFERRED PAY PLAN GROSS EARNINGS 45890 OVERTIME FEDERAL WITHHELD 11085 71368 UFE INS. SURVIVOR BENEFIT SHIFT 32/12 MICHIGAN WITHHELD 29657 RET. CREDIT (85 VACATION COLA DETROIT 20195 13767 BONDS D COMP TIME HOL 800 6983 00 HOSPITAL PRIOR COMP TIME 240 SICK TIME RESERVE SICK TIME PURCHASE TOTAL TOTAL TAXES, DEDUCTIONS AMOUNT GROSS 69851 AND REIMBURSEMENTS OF CHECK 21384 48447 1190 38 PAYROLL **AGENCY** UNIT NOT NEGOTIABLE CODE DETACH AND RETAIN FOR YOUR RECORDS F 5391 CITY OF DETROIT, FINANCE DEPARTMENT, TREASURY DIVISION STATEMENT OF EARNINGS AND DEDUCTIONS .196890 PAYROLL B 6/02/86 TO FOR 6/15/86 PAID 6/20/86 \$7500030 YOUR SOC. SEC. NO. IS THE NUMBER TO WHICH YOUR DEDUCTIONS ARE POSTED AND SHOULD BE NOTED IN ALL INQUIRIES. **EMPLOYEE NAME** BANK ACCOUNT WEEK BARGE, THOMASENA 01 101172799 25 EARNINGS TAXES, DEDUCTIONS AND REIMBURSEMENTS YEAR TO DATE AMOUNT UNIT TYPE AMOUNT OF TIME TYPE AMOUNT TYPE AMOUNT TYPE **AMOUNT** 5600 48882 BENEFIT FICA 4993 37804 DEFERRED PAY PLAN GROSS 52873 OVERTIME FEDERAL WITHHELD LIFE INS. 11085 82423 SURVIVOR BENEFIT. SHIFT PREM. MICHIGAN 3212 24869 RET. 00 CREDIT 2001 VACATION COLA DETROIT WITHHELD 2095 15862 BONDS COMP TIME 101 13966 SICH 1600 HOSPITAL 00 PRIOR COMP TIME 0(VAC 800 6983 45120 872 872 SICK TIME 8001 RESERVE SICK TIME 01 80ND PURCHASE BOND BALANCE TOTAL GROSS TOTAL TAXES, DEDUCTIONS **AMOUNT** AND REIMBURSEMENTS 69831 OF CHECK 22257 47574 1190 MAIL 38 1190 **AGENCY** UNIT **NOT NEGOTIABLE** PAYROLL CODE DETACH AND RETAIN FOR YOUR RECORDS F 5391 CITY OF DETROIT, FINANCE DEPARTMENT, TREASURY DIVISION STATEMENT OF EARNINGS AND DEDUCTIONS 356541 .196890 PAYROLL 6 6/30/86 TO FOR 7/13/36 PAID 7/18/86 \$15000302 YOUR SOC. SEC. NO. IS THE NUMBER TO WHICH YOUR DEDUCTIONS ARE POSTED AND SHOULD BE NOTED IN ALL INQUIRIES. SOC, SEC. NO. EMPLOYEE NAME BANK ACCOUNT WEEK BARGE . THO MASENA 01172790 EARNINGS TAXES, DEDUCTIONS AND REIMBURSEMENTS YEAR TO DATE KIND OF TIME AMOUNT UNIT TYPE AMOUNT TYPE AMOUNT TYPE AMOUNT TYPE AMOUNT REGULAR 62848 7200 FICA 4993 BENEFI' 47790 DEFERRED PAY PLAN GROSS EARNINGS 663395 OVERTIME FEDERAL WITHHELD LIFE INS. 11085 104593 SURVIVOR BENEFIT 120 SHIFT PREM. MICHIGAN WITHHELD 3212 31293 RET. DED. CREDIT VACATION 2000 COLA DETROIT 2095 200152 BONDS COMP TIME 0.0 HOL 800 6983 HOSPITAL i00 PRIOR COMP TIME 11 45120 872 2616 SICK TIME 1500 RESERVE SICK TIME ∂C BOND PURCHASE SWH 241)0 BOND TOTAL TOTAL TAXES, DEDUCTIONS AND REIMBURSEMENTS GROSS **AMOUNT** 69831 OF CHECK 22377 4745 1190 MAIL 38 **AGENCY** UNIT 1190 NOT NEGOTIABLE PAYROLL CODE DETACH AND RETAIN FOR YOUR RECORDS

CITY OF DETROIT, FINANCE DEPARTMENT, TREASURY DIVISION STATEMENT OF EARNINGS AND DEDUCTIONS

196898 PAYROLL . 1

FOR 6/16/86TO

6/29/86 on

7/03449576837

YOUR SOC. SEC. NO. IS THE NUMBER TO WHICH YOUR DEDUCTIONS ARE POSTED AND SHOULD BE NOTED IN ALL INQUIRIES. EMPLOYEE NAME BANK ACCOUNT ₿BARGE, THOMASENA 01 101172799 27 EARNINGS TAXES, DEDUCTIONS AND REIMBURSEMENTS YEAR TO DATE TIME KIND OF TIME AMOUNT TYPE AMOUNT TYPE YTD AMOUNT TYPE AMOUNT TYPE AMOUNT 8d0d 69831 4993 42797 BENEFIT PLAN DEFERRED PAY PLAN REGULAR PICA GROSS EARNINGS 598561 11085 OVERTIME FEDERAL WITHHELD LIFE INS. 93508 SURVIVOR BENEFIT 120 SHIFT PREM. MICHIGAN WITHHELD 3 212 28081 00 CREDIT 2d0(VACATION COLA DETROIT WITHHELD 2095 17957 80008 101 COMP TIME 00 HOSPITAL Of PRIOR COMP TIME 4512d 872 1744 306 SICK TIME RESERVE SICK TIME 00 BOND PURCHASE BONO BALANCE TOTAL TOTAL TAXES, DEDUCTIONS AND REIMBURSEMENTS AMOUNT 69831 **GROSS** 47454 OF CHECK 1190 38 UNIT PAYROLL MAIL AGENCY NOT NEGOTIABLE CODE

F 5391	390 PAY	ROLL B YOUR SOC. SE	IAIENIE F	ENTOFE FOR 7.	E DEPART ARNINGS 114786 T	AND D O 71	EDUCTIO 27/86	NS PAID	8/01/8	D 361	0617 500132
SOC	C. SEC.√NO			EMPLOYEE	NAME		BAI		**********	COUNT	WEE
	EARNIN		SE,THO		S, DEDUCTIO	NS AND R	O1 EIMBURSEN		117279	******	31 TO DATE
OF TIME	TIME UNIT	AMOUNT	TYPE	AMOUNT	YTD	TYPE	AMOUNT	TYPE	AMOUNT	TYPE	AMOUNT
REGULAR OVERTIME SHIFT PREM. COLA	1600	13966	FICA FEDERAL WITHHELD MICHIGAN WITHHELD DETROIT WITHHELD HOSPITAL 45120	9/99/ 9/92 6/42 4/19 8/72	487/39 1055/85 319/35 204/71 00 34/88	BENEFIT PLAN LIFE INS. RET. DED., BONDS	120	DEFERRED PAY PLAN SURVIVOR BENEFIT CREDIT UNION BOND PURCHASE		GROSS EARNINGS VACATION COMP TIME PRIOR COMP TIME SICK TIME RESERVE SICK TIME	6823k: 2001 00 00 1600
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SOC	SEC. NO).		EMPLOYEE		JANONO HALL	BAI	*****		OUNT	WEE
<u> </u>	. عالانده معس		E, THO	MASENA			01		01172799		33
7,000	EARNIN	GS		TAXE	S, DEDUCTIO	NS AND R	EIMBURSEN	PENTS		YEAR	TO DATE
OF TIME	TIME	AMOUNT	TYPE	AMOUNT	YTD	TYPE	AMOUNT	TYPE	AMOUNT	TYPE	AMOUNT
REGULAR OVERTIME SHIFT PREM.	3200	27932	FICA FEDERAL WITHHELD MICHIGAN WITHHELD	2496 4054 1656	51285 109619 33541	BENEFIT PLAN LIFE INS. RET. DEO.	120 00	DEFERREI PAY PLAN SURVIVOR BENEFIT CREDIT UNION		GROSS EARNINGS	71727
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SU(C. SEC. NO.			EMPLOYEE	NAME		BAN			COUNT	
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OF TIME	UNIT	AMOUNT	TYPE	AMOUNT	YTD	TYPE	AMOUNT	TYPE	AMOUNT	TYPE	AMO
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Checking Deposit Receipt

This receipt is issued subject to audit of the deposit or payment and all items credited are subject to final payment. The Bank symbol, transaction number, date and amount of deposit or payment are shown on this receipt.

First of America Bank, Detroit, N.A. P.O. Box 2659, Detroit, MI 48231

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CITY OF DETROIT, FINANCE DEPARTMENT, TREASURY DIVISION STATEMENT OF EARNINGS AND DEDUCTIONS ST5000346 FOR 11/17/85 TO 11/30/86 PAID 12/05/86 193890 PAYROLL B YOUR SOC. SEC. NO. IS THE NUMBER TO WHICH YOUR DEDUCTIONS ARE POSTED AND SHOULD BE NOTED IN ALL INQUIRIES. ACCOUNT WEEK BANK EMPLOYEE NAME SOC. SEC. NO. 01172799 49 BARGE THOMASENA YEAR TO DATE EARNINGS TAXES, DEDUCTIONS AND REIMBURSEMENTS AMOUNT AMOUNT TYPE **AMOUNT** TYPE AMOUNT YTD AMOUNT TYPE UNIT OF TIME BENEFIT DEFERRED PAY PLAN EARNINGS 1359486 972 33 58662 FICA 5243 6400 REGULAR LIFE INS. FEDERAL WITHHELD SURVIVOR OVERTIME 1137 119577 120 43971 3686 SHIFT PREM. MICHIGAN WITHHELD 984 RET. CREDIT VACATION 5000 BONDS COMPTIME DETROIT WITHHELD 1577 35801 00 COLA PRIOR COMP TIME 00 00 14665 1600 HOL HOSPITAL SICK TIME 9116 11688 800 45120 RESERVE SICK TIME 00 BOND PURCHASE SWH 1200 BOND BALANCE AMOUNT TOTAL TAXES, DEDUCTIONS TOTAL AND REIMBURSEMENTS OF CHECK GROSS 59684 73327 PAYROLL 1190 38 UNIT 1190 **NOT NEGOTIABLE** MAIL **AGENCY** DETACH AND RETAIN FOR YOUR RECORDS CODE F 5391 CITY OF DETROIT, FINANCE DEPARTMENT, TREASURY DIVISION STATEMENT OF EARNINGS AND DEDUCTIONS 391212 196890 PAYROLL B FOR 12/01/86 TO 12/14/86 ST5000335 PAID 12/19/86 YOUR SOC. SEC. NO. IS THE NUMBER TO WHICH YOUR DEDUCTIONS ARE POSTED AND SHOULD BE NOTED IN ALL INQUIRIES SOC. SEC. NO. EMPLOYEE NAME BANK ACCOUNT WEEK BARGE, THOMASENA 01 101172799 51 EARNINGS TAXES, DEDUCTIONS AND REIMBURSEMENTS YEAR TO DATE TIME UNIT KIND OF TIME AMOUNT TYPE AMOUNT YTO TYPE AMOUNT TYPE AMOUNT TYPE AMOUNT REGULAR 80000 73327 FICA 5243 102446 BENEFIT DEFERRED PAY PLAN GROSS EARNINGS 1432813 OVERTIME FEDERAL WITHHELD 11137 1207114 LIFE INS. 120 SURVIVOR BENEFIT SHIFT PREM. MICHIGAN WITHHELD 984 44955 RET. 3666 CREDIT 2000 VACATION COLA DETROIT WITHHELD 1577 37378 RONDS OO COMP TIME HOSPITAL סמ PRIOR COMP TIME 00 9116 45120 12604 SICK TIME 1600 RESERVE SICK TIME bo BOND PURCHASE SWH 1200 BOND BALANCE TOTAL TOTAL TAXES, DEDUCTIONS AND REIMBURSEMENTS AMOUNT GROSS 73327 13643 59684 OF CHECK 1190 MAII. 38 UNIT 1190 **AGENCY** PAYROLL NOT NEGOTIABLE CODE DETACH AND RETAIN FOR YOUR RECORDS CITY OF DETROIT, FINANCE DEPARTMENT, TREASURY DIVISION 12/26/237 STATEMENT OF EARNINGS AND DEDUCTIONS 12/12/88_{TO} 12/25/88 PAID FOR 19689 PAYROLL YOUR SOC. SEC. NO. IS THE NUMBER TO WHICH YOUR DEDUCTIONS ARE POSTED AND SHOULD BE NOTED IN ALL INQUIRIES. RANK ACCOUNT WEEK EMPLOYEE NAME SOC. SEC. NO. 52 BARGE, THOMASENA YEAR TO DATE TAXES DEDUCTIONS AND REIMBURSEMENTS

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CONTRIBUTIONS

BARGE

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YOUR ACCUMULATED CONTRIBUTIONS ON

JULY 1, 1986

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RETIREMENT SYSTEM

510 CITY - COUNTY BUILDING DETROIT, MICHIGAN 48226

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TRANSFERS

TRANSACTIONS IN YOUR ACCOUNT FROM JULY 1, 1986 TO JUNE 30, 1987

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YOUR ACCUMULATED CONTRIBUTIONS ON

JUNE 30, 1987

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EX-OFFICIO MEMBERS COLEMAN A. YOUNG

Mayor JACK KELLEY

Council Designate VIRGINIA SIKORA Treasurer RICHARD P. FLEMING RONALD B. GRACIA ALEXANDER C. TOPALOV RAYMOND WELBORNE THOMAS ZDRODOWSKI

GEORGE A. WARREN Retirant Appointed Member GEORGE W. BIRAM

Citizen BELLA I. MARSHALL Secretary FRED MURPHY Executive Secretary A. S. PATEL, M.D.

Medical Director

10347! 00 25 RETIREMENT NUMBER SOCIAL SECURITY NUMBER

196890 373 44

REFUNDS

CHECK ABOVE NUMBERS AND REPORT ERRORS TO DEPARTMENT PERSONNEL OFFICE. INTEREST RATE 7% FOR 1986-87

INTEREST INCLUDES ADDITIONAL DISTRIBUTION FOR: FISCAL 1987 1,349,64

CITY OF DETROIT, FINANCE DEPARTMENT, TREASURY DIVISION STATEMENT OF EARNINGS AND DEDUCTIONS CK0003417 5/16/88.TO 5/29/88 PAID 196890 PAYROLL B FOR YOUR SOC. SEC. NO. IS THE NUMBER TO WHICH YOUR DEDUCTIONS ARE POSTED AND SHOULD BE NOTED IN ALL INQUIRIES. ACCOUNT WEEK EMPLOYEE NAME BANK SOC, SEC. NO. 22 BARGE/THOMASENA YEAR TO DATE TAXES, DEDUCTIONS AND REIMBURSEMENTS EARNINGS AMOUNT TYPE AMOUNT TYPE AMOUNT YTD TYPE AMOUNT TYPE AMOUNT UNIT DEFERRED PAY PLAN GROSS EARNINGS 76175 00 57208 FICA REGULAS SURVIVOR BENEFIT Ot 49290 FEOERAL WITHHELD 100 OVERTIME 00 CREDIT 31910 HET. DED. MICHIGAN WITHHELD 00 VACATION 0(DETROIT 22163 nn RONOS COMPTIME COLA 49000 00 25004 00 PRIOR COMP TIME HOSPITAL lOC SICK TIME RESERVE SICK TIME O AMOUNT TOTAL TAXES, DEDUCTIONS TOTAL 2500 FOF CHECK 2500 00 AND REIMBURSEMENTS **GROSS** NOTNEGOTIABLE PAYROLL 1190 38 UNIT AGENCY MAIL DETACH AND RETAIN FOR YOUR RECORDS

CITY OF DETROIT, FINANCE DEPARTMENT, TREASURY DIVISION STATEMENT OF EARNINGS AND DEDUCTIONS FOR 4/18/88 TO 5/01/88 PAI 196890 PAYROLL B 5/06/88

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CITY OF DETROIT, FINANCE DEPARTMENT, TREASURY DIVISION

STATEMENT OF FARNINGS AND DEPUCTIONS 196890 PAYROLL

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DETACH AND RETAIN FOR YOUR RECORDS

PAYROLL NOT NEGOTIABLE

CITY OF DETROIT, FINANCE DEPARTMENT, TREASURY DIVISION STATEMENT OF EARNINGS AND DEDUCTIONS FOR 3/21/88 TO 4/03/88

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NOT NEGOTIABLE PAYROLL DETACH AND RETAIN FOR YOUR RECORDS

CITY OF DETROIT, FINANCE DEPARTMENT, TREASURY DIVISION STATEMENT OF EARNINGS AND DEDUCTIONS

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FOR

3/07/88 TO

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STATEMENT OF EARNINGS AND DEDUCTIONS
POR 2/08/88 TO 2/21/88 PAID 2/26/88 CK000302(
TYOUR SOC. SEC. NO. IS THE NUMBER TO WHICH YOUR DEDUCTIONS ARE POSTED AND SHOULD BE NOTED IN ALL INQUIRIES.

SOC. SEC. NO.

EMPLOYEE NAME
BANK
BARGE THOMASENA

EARNINGS
TAXES, DEDUCTIONS AND REIMBURSEMENTS
VEAR TO DATE
OF TIME UNIT AMOUNT TYPE AMOUNT TYPE AMOUNT TYPE AMOUNT
REGULAR 7200 67974
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POR 2/08/88 TO 2/21/88 PAID 2/26/88
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ı	OF THE	UNIT	AMO		TYPE	AMOUNT	YTD	TYPE	AMOUNT	TYPE	AMOUNT	TYPE	AMOUNT
	REGULAR	7200	679	74	FICA	5389	25059	BENEFIT PLAN		DEFERRED PAY PLAN		GROSS EARNINGS	333671
	OVERTIME			-	FEDERAL WITHHELD	4538	22239	LIFE	94	SURVIVOR		EARAINES	00
ļ	SHIFT	!			MICHIGAN	2982	14128	INS. HET.	3588	BENEFIT			
- [COLA	1		j	WITHHELD DETROIT	2083	9734	DEO.	2400	UNION		VACATION	2400
	SICK	40 d	72.7	76	WITHHELD	~ cqo>		BONDS	200			COMP TIME	oq
		700	چ <i>و</i> ر,	7 0	HOSPITAL	ا ا	!	40840	1 - 1	ļ		PRIOR COMP TIME	O¢
					45120	944	3116	30012	10000			SICK TIME	400
												RESERVE SICK TIME	1400
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										BOND BALANCE			
	TOTAL GROSS		717	50	TOTAL T.	AXES, DEDU MBURSEMEN	CTIONS ITS		31		MOUNT F CHECK		40132
	AIL	1190	AGE	NCY	38	UNIT 11	90	DETACH	NOT NEC	OTIABL FOR YO	E PAYR		

96890 PAYR		F		25/88 _{TC}	2/	07/88		2/12/8		
SOC. SEC. NO.	M BAR:		ENUMBER TO LEMPLOYEE	NAME		BAN	К	OULD BE NOTI		NQUIRIES. WEE! Ûó
EARNING KIND TIME		 			[REIMBURSEN	/IENTS		YEAR	TO DATE
EGULAR 8000 D VERTIME SHIFT PREM. COLA	75527 15340	FICA FEDERAL WITHHELD MICHIGAN WITHHELD OCTROIT WITHHELD HOSPITAL 45120	6824 6141 3861 2657	1	TYPE ### ### ############################	94 4543 2000 10000	TYPE OFFERRED PAYPLAN SURVIVOR BENEFIT CREDIT UNION	AMOUNT	TYPE GROSS EARNINGS VACATION COMPTIME PRIOR COMPTIME SICK TIME RESERVE SICK TIME	26192 26192 240 0 0 160
OTAL BROSS	90867	TOTAL T	AXES, DEDU	CTIONS TS		37		MOUNT F CHECK		53803

1968	890 _{PAYE}	ROLL	В	STATE!	VIENT FOR	OF E	ARNI	ugs / 88 _{TC}	•	UCT!	ons 88	PAID	N 1 / 29 08 HOULD BE NOT		
soc	, SEC. NO.			GE / THO	EMPL	SYEE	NAME				BAN			TNUC	WEI
	EARNIN	IGS				TAXE	S, DEDI	UCTIC	ONS AND F	EIMB	URSEN	/IENTS		YEAR	TO DATE
SIND OF TIME	7200	AMOL		TYPE	AMO	JNT 72	ΥT	o 346	TYPE	АМО	UNT	TYPE	AMOUNT	TYPE	AMOUN
REGULAR OVERTIME SHIFT PREM. COLA	800	75	53	FICA FEDERAL WITHHELD MICHIGAN WITHHELD DETROIT WITHHELD HOSPITAL	31 21	04 56 97	7	560 285 994 00 388	PLAN LIFE INS. HET. DED. BONDS 40840 30012	2	94 776 000 000	UNION		VACATION COMP TIME PRIOR COMP TIME SICK TIME RESERVE SICK TIME	2
TOTAL GROSS		755	27	TOTAL T AND REII	AXES, MBURS	EMEN	CTIONS TS	s			32	PURCHASE BOND BALANCE	AMOUNT OF CHECK		4258

CITY OF DETROIT, FINANCE DEPARTMENT, TREASURY DIVISION

STATEMENT OF EARNINGS AND DEDUCTIONS 196890 PAYROLL B FOR 12/28/87TO 1/10/88 PAID

SOC	C. SEC. NO	. 1			ENUMBER TO V EMPLOYEE MASENA	NAME	DEBOCHO	NS ARE	BAN	IK SH	OULD BE NOT ACCO		WEE
KIND OF THAT	EARNIN THE UNIT	IGS AMOU	NT	TYPE	TAXES	, DEDUCTION	11	1	***************************************	MENTS		YEAR	TO DATE
REGULAR OVERTIME SHIFT PREM. COLA LONG SICK VAC HOL	2400 00 1600 2400 1600	2000	00 06 58	FICA FEDERAL WITHHELD MICHISAN WITHHELD DETROIT WITHHELD HOSPITAL 45120	7174 6456 4129 2797	7174 6456 4129 2797	1) 50,,,	20	94 776	DEFERRED BEFRRED PAY PLAN SURVINGR GENEFIT CHE DIT UNION BOND PURCHASE BOND	AMOUNT	TYPE GROSS EARNINGS VACATION COMPTIME PRIOR COMPTIME SICK TIME RESERVE SICK TIME	9552 240 0 160
TOTAL GROSS MAIL CODE		955Z	1	AND REIN	AXES, DEDUC BURSEMENT UNIT 119	<u>'0</u>	DETACH /	NO AND R	TWE	370 OF		OLL	58157

CITY OF DETROIT, FINANCE DEPARTMENT, TREASURY DIVISION

196890 PAYROLL 8

STATEMENT OF EARNINGS AND DEDUCTIONS
FOR 12/14/87 TO 12/27/87 PAID 12/30/87 5 1 CK 6003

	SEC, NO	#		ENUMBER TO EMPLOYEE MASENA	WHICH YOUR NAME	REDUCTIO	NS ARE POSTE		OULD BE NOT ACCO		INQUIRIES.
KIND OFTIME REGULAR OVERTIME SHIFT PREM. COLA SICK SUH HOL	2400 1600 2400	AMOUNT 24454 15105	TYPE FICA FEGERAL WITHHELD MICHIELD DETROIT WITHHELD HOSPITAL 45120	TAXE AMOUNT 5529 5468 3292 2251 944	S, DEDUCTI YTD 145212 149559 83875 58444 00 24180	TYPE BENEFIT PLAN LIFE BONOS 40840 38011 30012	3867 2000 44600	WENTS TYPE OEFERRED PAY PLAN SURVIVOR BENEFIT CREDIT UNION BOND PURCHASE GORD BALANCE	AMOUNT	YEAR TYPE GROSS EARNINGS VACATION COMPTIME PRIOR COMPTIME SICK TIME RESERVE SICK TIME	AMOUNT 2030944 00 4800 00 00 00 2400
TOTAL GROSS MAIL CODE	190	77332 AGENCY	TOTAL T. AND REIF	AXES, DEDU MBURSEMEN UNIT 11	TS	DETACH.	681 NOT NEC	UAS OF	OUNT CHECK E PAVR	OLL s	9287

CITY OF DETROIT, FINANCE DEPARTMENT, TREASURY DIVISION STATEMENT OF EARNINGS AND DEDUCTIONS FOR 12/29/86 TO 1/11/87 PAID 6890 PAYROLL B

ST5000339 YOUR SOC. SEC. NO. IS THE NUMBER TO WHICH YOUR DEDUCTIONS ARE POSTED AND SHOULD BE NOTED IN ALL INQUIRIES. SOC. SEC. NO. EMPLOYEE NAME BANK ACCOUNT WEEK BARGE, THOMASENA กร

	EARNIN	IGS	1	TAXE	S. DEDUCTION	ONS AND R	FIMBLESEN		11/2/99	1	03
KIND OF TIME REGULAR OVERTIME SHIFT COLA SWH VAC HOL	400 2000 1600	AMOUNT	FICA FEDERAL WITHHELD MICHIGAN WITHHELD DETROIT WITHHELD HOSPITAL	AMOUNT 5243 9252 3108 2131	9252 3924 3593 900	TYPE BENEFIT PLAN LIFE INS. RET. OED. BONDS 38011	120 3666 4506	TYPE OEFERRED PAY PLAN SURVIVOR BENEFIT CREDIT UNION	AMOUNT 	YEAR TYPE GROSS EARNINGS VACATION COMPTIME PRIOR COMPTIME SICK TIME RESERVE RESERVE	AMOUNT 142987 00 00 00 00 00 00 00 00 00 00 00 00 00
TOTAL GROSS		73326	TOTAL TA	XES, DEDUC BURSEMEN	TIONS		7.0		OUNT		

4966758138 File0109/18/14 Entered 00/09/N/EGO 748/B1E Page 40 tof 51 DETACH AND RETAIN FOR YOUR RECORDS

DEINUIT, MARINE DEPARTMENT, TREASURY DIVISION STATEMENT OF EARNINGS AND DEDUCTIONS

193890 PAYROLL 8 FOR 12/15/86 TO 12/28/84 PAID

393167 1/02/87 ST5000091

YOUR SOC. SEC. NO. IS THE NUMBER TO WHICH YOUR DEDUCTIONS ARE POSTED AND SHOULD BE NOTED IN ALL INQUIRIES. SOC. SEC. NO. EMPLOYEE NAME BANK ACCOUNT WEEK BARGE TROMASENA 101172799 01 EARNINGS TAXES, DEDUCTIONS AND REIMBURSEMENTS YEAR TO DATE KIND OF TIME TIME UNIT AMOUNT TYPE AMOUNT YTD TYPE **AMOUNT** AMOUNT TYPE AMOUNT REGULAR 440 40330 BENEFIT 4981 FICA 4981 DEFERRED PAY PLAN GROSS EARNINGS 6966 OVERTIME FEDERAL WITHHELD LIFE INS. 100 100 SURVIVOR BENEFIT SHIFT PREM. MICHIGAN WITHHELD 416 816 RET. DED. CREDIT 3483 VACATION 2000 COLA DETROIT 1467 1467 BONDS COMP TIME 01 SIC \$00 7333 HOSPITAL icol 3.50.1 F 11797 PRIOR COMP TIME 01 SWH 807 7333 45120 100 100 SICK TIME 1601 160 14005 HOL RESERVE SICK TIME 00 BOND PURCHASE SWH 400 BOND BALANCE TOTAL TOTAL TAXES, DEDUCTIONS AND REIMBURSEMENTS AMOUNT OF CHECK GROSS 69 681 00 MAIL 1190 38 UNIT NOT NEGOTIABLE DETACH AND RETAIN FOR YOUR RECORDS **AGENCY** 1190 PAYROLL CODE

196890 PAYROLL B	STATEMENT OF E FOR 11/	ARNINGS A	AND DED	UCTIONS 13/87	PAID 1	2/18/2	725 &	@d03218
	GE, THOMASENA	NAWE		BAN	K	ACCC		NOUIRIES. WEEK
SINO TIME UNIT AMOUNT REGULAR 7600 71751 OVERTIME SHIFT PREM. COLA SWH 400 3776	TYPE AMOUNT	S, DEDUCTION YTD 139683 144091 80583 56193 00 23236	TYPE BENEFIT PLAN LIFE INS. KET. DED. BONDS 30012	AMOUNT 94 3776 10000	TYPE OFFERRED PAYPLAN SURVIVOR BENEFIT CREDIT UNION	AMOUNT	YEAR TYPE GROSS EARNINGS VACATION COMPTIME PRIOR COMPTIME SICK TIME RESERVE SICK TIME	AMOUNT 1953612 00 4800 00 00 1600 2400
TOTAL 75527 MAIL 1190 AGENCY CODE	TOTAL TAXES, DEDUCAND REIMBURSEMEN	тs 90	DETACH A	30 NOT NEG	OTIARI	OUNT CHECK E PAYR	OLL s	2400

soc	SEC. NO				WENT OF E FOR 1 ENUMBER TO EMPLOYEE		OUR DEDUC	IONS ARE	POSTE	D AND SH	OULD BE NOT	ED IN ALL	INQUIRIES.
KIND	EARNII	VGS		3C 9 1 M U	MASENA TAXE	S, DEDU	CTIONS AN	O REIMB	URSEA	//ENTS		VEA	4.5
REGULAR OVERTIME SHIFT PREM. COLA SICK	300 800 1600		53	FICA FEOSPAL WITHHELD MICHIGAN WITHHELD OETROIT WITHHELD HOSPITAL	5400 5197 3209 2197	13428 13889 7737 5399 2229	33 BENEFIT 94 LIFE 1NS. 94 HET. 960. 8000S 300	3	94 776	TYPE DEFERRED PAY PLAN SURVIVOR BENEFIT CREDIT UNION	AMOUNT	TYPE GROSS EARNINGS VACATION COMP TIME PRIOR COMP TIME SICK TIME RESERVE RESERVE RESERVE RESERVE RESERVE RESERVE	AMOUNT 187808 C
FOTAL	1190	755 AGEN	<u>~ . </u>	AND REIN	XES, DEDU	CTIONS TS			30		OUNT CHECK	SMH	280

CITY OF DETROIT, FINANCE DEPARTMENT, TREASURY DIVISION

STATEMENT OF EARNINGS AND DEDUCTIONS

12/04/8701 196890 PAYROLL 12/01/86 TO 11/30/87 PAID FOR

YOUR SOC. SEC. NO. IS THE NUMBER TO WHICH YOUR DEDUCTIONS ARE POSTED AND SHOULD BE NOTED IN ALL INQUIRIES. SOC"SEC, NO. EMPLOYEE NAME BANK ACCOUNT WEEK BARGE, THOMASENA 48 EARNINGS TAXES, DEDUCTIONS AND REIMBURSEMENTS YEAR TO DATE **AMOUNT** TYPE AMOUNT YTD TYPE AMOUNT TYPE AMOUNT TYPE AMOUNT 128883 BENEFIT PLAN 1073 DEFERRED PAY PLAN 180255 GROSS FARNINGS SEGULAR FICA FEDERAL WITHHELD 133697 00 LIFE INS. OVERTIM SURVIVOR BENEFIT 0.0 74165 MICHIGAN WITKHELD 425 HET. DED. od CREDIT VACATION 381 51799 DETROIT od COLA sovos COMP TIME 15d00 LONG A 00 HOSPITAL PRIOR COMP TIME 00 00 SICK TIME RESERVE SICK TIME 00 80NO PURCHASE BONO BALANCE TOTAL TOTAL TAXES, DEDUCTIONS AMOUNT 15000 GROSS AND REIMBURSEMENTS 1879 13121 OF CHECK

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AGENCY

38 UNIT

NOT NEGOTIABLE LONGEY DETACH AND RETAIN FOR YOUR RECORDS

CITY OF DETROIT, FINANCE DEPARTMENT, TREASURY DIVISION

196890 PAYROLL B

STATEMENT OF EARNINGS AND DEDUCTIONS FOR 11/02/87 TO 11/15/87

11/20/28/4598/45/503149

PAID YOUR SOC. SEC. NO. IS THE NUMBER TO WHICH YOUR DEDUCTIONS ARE POSTED AND SHOULD BE NOTED IN ALL INQUIRIES. SOC. SEC. NO. EMPLOYEE NAME BANK ACCOUNT WEEK BARGE & THOMASENA 47 EARNINGS TAXES, DEDUCTIONS AND REIMBURSEMENTS YEAR TO DATE OF TIME AMOUNT TYPE AMOUNT TYPE AMOUNT TYPE AMOUNT TYPE AMOUNT 7200 67974 5400 REGULAR 127810 BENEFII DEFERRED PAY PLAN FICA GROSS EARNINGS 1787558 FEDERAL WITHHELD OVERTIME 5197 133697 LIFE INS. 107 SURVIVOR BENEFIT 00 SHIFT 3209 73740 MICHIGAN WITHHELD 3776 HET. DED. CREDIT 480d VACATION DETROIT WITHHELD 2197 51418 6014 lod BONUS COMP TIME HOL 800 75 5 3 00 30012 10000 HOSPITAL Or PRIOR COMP TIME 45120 944 21348 140d SICK TIME RESERVE SICK TIME SWH 2400 2800 BOND PURCHASE BOND DALAMCE

1190 MAIL CODE

TOTAL

GROSS

75527 AGENCY

38 UNIT

TOTAL TAXES, DEDUCTIONS

AND REIMBURSEMENTS

NOT NEGOTIABLE PAYROLL DETACH AND RETAIN FOR YOUR RECORDS

30 830 AMOUNT OF CHECK

CITY OF DETROIT, FINANCE DEPARTMENT, TREASURY DIVISION STATEMENT OF EARNINGS AND DEDUCTIONS

196890PAYROLL R FOR 10/19/87TO

11/01/87 PAID YOUR SOC SEC NO. IS THE NUMBER TO WHICH YOUR DEDUCTIONS ARE POSTED AND SHOULD BE NOTED IN ALL

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soc	SEC, NO				EMPL	OYEE	NAME				BAN			ACCC	UNT		BE K
			BAR	GE, THO)MASE	ENA											45
KIND	EARNIN					TAXE	S, DED	UCTIO	ONS AND F	REIMB	URSE	VENTS			YEAR	TO DAT	
OF TIME	UNIT	···	OUNT	TYPE	AMOL	TNL	ΥT	Ð	TYPE	AMO	UNT	TYPE	AMOI	JNT	TYPE	AMOU	
REGULAR	6400	6	0422	11 1	54	00	122	410	BENEFIT PLAN			DEFERRED PAY PLAN]	GROSS EARNINGS	1712	-
OVERTIME				FEDERAL WITHHELD	51	97	128	\$00	LIFE INS.		107	SURVIVOR BENEFIT		ĺ			Ιã
PR€₩.			1	MICHIGAN WITHHELD	37	09	701	31	KET. DED.	3	776				VACATION	4	80
COLA			1	BETROIT WITHHELD	21	97	497	21	sonos		!		,		COMP TIME		lo
SICK	1609	1 5	5105	HOSPITAL	j			0.0	30014	10	doo			•	PRIOR COMP TIME		0
				45120	Ŗ	44	204	04							SICK TIME	1	do
			-		ļ] [RESERVE SICK TIME	2	40
					[BOND PURCHASE			SWH	5	da.
												BOND BALANCE					İ
TOTAL	46-swr	7,0 FZ	3AA 7	TOTAL T	AXES I	arpu	CTIONS	S⊏nt	ered 09	/10/1	1 10	10.1A	иовил		2 of 51	,,,	

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OF DETROIT, FINANCE DEPARTMENT, TREASURY DIVISION

STATEMENT OF EARNINGS AND DEDUCTIONS FOR 10/05/87 TO 10/18/87 196890 PAYROLL 8 10/23/24/08/26/203217 YOUR SOC. SEC. NO. IS THE NUMBER TO WHICH YOUR DEDUCTIONS ARE POSTED AND SHOULD BE NOTED IN ALL INQUIRIES. SOC. SEC. NO. EMPLOYEE NAME ACCOUNT WEEK BARGE , THOMASENA 43 EARNINGS TAXES, DEDUCTIONS AND REIMBURSEMENTS IME UNIT YEAR TO DATE AMOUNT TYPE AMOUNT YTD TYPE AMOUNT TYPE AMOUNT 8000 75327 TYPE AMOUNT REGULAR 5400 117010 GROSS EARNINGS 1636504 OVERTIME FEDERAL WITHHELD 5197 123303 LIFE 107 00 MICHIGAN WITHHELD DETROIT WITHHELD 3209 67322 3776 HET. CREDIT 4800 21/97 VACATION 47024 COLA BONDS 00 00 30014 COMP TIME HOSPITAL 10d00 PRIOR COMP TIME lod 45121 944 19460 240d SICK TIME RESERVE SICK TIME SWH 2400 2800 EONO PURCHASE BOND BALANCE TOTAL TOTAL TAXES, DEDUCTIONS 75527 GROSS AMOUNT AND REIMBURSEMENTS 30830 OF CHECK 44497 1190 MAIL. UNIT AGENCY NOT NEGOTIABLE PAYROLL CODE DETACH AND RETAIN FOR YOUR RECORDS CITY OF DETROIT, FINANCE DEPARTMENT, TREASURY DIVISION STATEMENT OF EARNINGS AND DEDUCTIONS" 196890 PAYROLL P FOR 9/21/87TO 10/04/27

500		D1 BAR		MASENA			BAN	IK	ACCC		WEE
KIND	EARNIA		 	TAXE	S, DEDUCTION	ONS AND F	RE IIVIBURSEI	VIENTS		YEAR	TO DATE
OF TIME	UNIT	AMOUNT	TYPE	AMOUNT	YTD	TYPE	AMOUNT	TYPE	AMOUNT	TYPE	AMOUNT
REGULAR DVERTIME SHIFT PREM. COLA	800	7953	FICA FEGERAL WITHHELD MICHIGAN WITHHELD DETAGIT WITHHELD HOSPITAL	5400 5197 3209 2197	111610 118106 64113 44827 00 18516	BENEFIT PLAN LIFE INS. HET. DED. BONDS	107 3776 10000	DEFERRED PAY PLAN SURVIVOR ENEMFIT CREDIT UNION BORD PURCHASE BOND		GROSS EARNINGS VACATION COMPTIME PRIOR COMPTIME SICK TIME RESERVÉ SICK TIME SULH	15609 48(24(24(28(
OTAL SROSS		75527 AGENCY	AND REIN	AXES, DEDU MBURSEMEN UNII 11	CTIONS ITS 90	DETACH	NOTNE	830 O		OLL	44697

CITY OF DETROIT, FINANCE DEPARTMENT, TREASURY DIVISION STATEMENT OF EARNINGS AND DEDUCTIONS 19689D PAYROLL B 9/07/87_{TO} 9/25/83570k0603243 9/20/87 PAID YOUR SOC. SEC. NO. IS THE NUMBE

SOC. SEC, NO			EMPLOYEE	NAME	COEDUCTIO	NS ARE POST	ED AND SH			INQUIRIES.
		GE, THO	MASENA			BA:	VK	ACC	TNUC	WEEK
EARNII KIND TIME			TAXE	S, DEDUCTI	ONS AND	REIMBURSE	MENTS	PARTICIPATION OF THE PARTICIPA	VCAF	39
REGULAR 6400	60422	TYPE	5536	YTD	TYPE	AMOUNT	TYPE	AMOUNT	TYPE	AMOUNT
OVERTIME SHIFT COLA ADJ 200 SICK 800 HOL 800	1888	FICA FEDERAL WITHHELD MICHIGAN WITHHELD DETROIT WITHHELD HOSPITAL 45120	! -	106210 112909 60904 42630 00 17572	LIFE INS. HET. DEC	107 3871 10000	DEFERRED PAYPLAN SURVIVOR BENEFIT CREDIT UNION BOND PURCHASE BOND		GROSS EARNINGS VACATION COMPTIME PRIOR COMPTIME SICK TIME RESERVE SICK TIME SWH	1485450 00 4800 00 00 2400 2400 2800
TOTAL GROSS MAIL 1190 CODE	77416 AGENCY	AND REIN	AXES, DEDUC BURSEMEN	TS				MOUNT CHECK E PAYR		46082

CITY OF DETROIT, FINANCE DEPARTMENT, TREASURY DIVISION
STATEMENT OF EARNINGS AND DEDUCTIONS
OLL B FOR 8/24/87 TO 9/06/87 PAID 196890 PAYROLL B FOR 8724787 TO 9706787

soc	SEC, NO.	······		EMPLOYEE	.,		BAN		ACCO		WEEK
	الريال	BAR	3E0THO	MASENA				İ			37
	EARNIN	IGS		TAXE	S, DEDUCTIO	ONS AND F	REIMBURSEA	/IENTS		YEAR	TO DATE
KIND OF TOME	THAT	AMOUNT	TYPE	AMOUNT	YTD	TYPE	AMOUNT	TYPE	AMOUNT	TYPE	AMOUNT
REGULAR	7400	69862	FEDERAL	5265 4914	100674 107582	BENEFIT PLAN LIFE	107	DEFERRED PAY PLAN SHRVIVOR		GROSS EARNINGS	140803
OVERTIME SHIFT PREM.	1	\$ \$ 1	WITHHELD MICHIGAN WITHHELD DETROIT	3122.	57608	INS. HET. DED.	3682	SURVIVOR BENEFIT CREDIT UNION	5000	VACATION	480
SWH	400	3776	WITHHELD HOSPITAL	21/40	40377 00	30012	5000			COMP TIME PRIOR COMP TIME	0.0
		. 	45120	944	16628					SICK TIME BESERVE SICK TIME	3200 2400
	. !	-					*** **** **** **** **** **** ****	BOND PURCHASE BOND BALANCE		SWH	2800
TOTAL GROSS	ROSS 73638 AND REIMBURSEMENTS					30	174 A	MOUNT F CHECK =		43464	
MAIL CODE,	1190	AGENCY	38	UNIT 11	90 .	DETACH	NOT NE		E PAYR		:

800.6	6 YO	UR SOC. SE	C. NO. IS THE	NUMBER TO	/10/87 TO WHICH YOUR	DEDUCTION	23/87 NS ARE POSTE	CAID ED AND SHO	8/28/8 OULD BE NOT	Ø ♥ ♥ ♥ ∰ ; ED IN ALL	CUUU54 INQUIRIES
		BAR		EMPLOYEE MASENA	NAME		BAN			TNUC	WEE
	ARNIN	GS			S, DEDUCTIO	ONS AND F	REIMBURSE	VENTS		YEAR	TO DATE
OF TIME	UNIT	AMOUNT	TYPE	AMOUNT	YTD	TYPE	AMOUNT	TYPE	AMOUNT	TYPE	AMOUN
EGULAR VERTIME SHIFT PREM. COLA ONF	800	7553	FICA FEOERAL WITHHELD MICHIGAN WITHHELD OCTROIT WITHHELD HOSPITAL	5400 5197 3209 2197	95409 102668 54486 38237 00 15684	BENEFIT PLAN LIFE INS. HET. DED. SONOS	107 3776 5000	DEFERRED PAY PLAN SURVIVOR BENEFIT CREDIT UNION GARN	5000 13910	GROSS EARNINGS VACATION COMPTIME PRIOR COMPTIME SICK TIME RESERVE SICK TIME	13343 48 24 24
						ĺ		BOND PURCHASE BOND BALANCE		SMH	32

MAIL	1190	405110	70	***************************************	0 8 D M				OF CHECK		<u> </u>
CODE	* * * * U	AGENC	y 38	UNIT	1190	DETAC	NOT N H AND RETA	EGOTIAI	OUR RECOR	ROLL RDS	
3 		ROLL 8	SIAIE	FOR 7	CE DEPART EARNINGS 127/87 TO WHICH YOUR	AND DEE	UCTIONS 09/87	חוחם	2111 50	2760	k26b353
300		BAR		EMPLOYE MASENA	CIVAINE		BAN	K	ACCO		WEEK
KIND OF THAE	EARNIN	IGS AMOUNT	TYPE		ES, DEDUCTI	ONS AND I	REIMBURSE	VIENTS		YEA	33 TO DATE
REGULAR	8000	75527	FICA	5400	90009	TYPE	AMOUNT	TYPE DEFERRED	AMOUNT	TYPE	AMOUNT
OVERTIME SIGIFT PREM. COLA			FEDERAL WITHHELD MICHIGAR WITHHELD DETROIT WITHHELD HOSPITAL	5197 3209 2197 944	97471	PLAN LIFE INS. HEY. DED. BONDS 30012	107 3776 5000	PAY PLAN SURVIVOR BENETI CREDIT UNION BOND PROPERTY BOND PROPERTY BALANCE	5000	CAROSS EARNINGS VACATION COMPTIME PRIOR COMPTIME SICK TIME HESERVE SICK TIME SICK TIME SICK TIME SICK TIME SICK TIME SICK TIME SICK TIME	258869 4800 800 800 2400 2400 3200
	1190 46-swr	75527 AGENCY DOC 7	AND REI	AXES, DEDI MBURSEME UNIT 09/1	VTS	tered _c Q9	30 31 914 18	830 AN	MOUNT CHECK E PAGE 2 UR RECORD	 <mark> 4¹ df 5</mark> 1	44697

CITY OF DETROIT, FINANCE DEPARTMENT, TREASURY DIVISION STATEMENT OF EARNINGS AND DEDUCTIONS

196890 PAYROLL B

OR 7/13/87 TO

7/26/87 PAID

7/31587⁴⁹ 580303478

SOC.	SEC. NO				EMPLO		NAME				BAN	K	,	ACCO	UNT	WE	EΚ
			ARG	E-THO											п		51
	EARNIN	IGS			T	AXE	S, DED	UCTIO	ONS AND F	EIMB	URSE	MENTS	······································		YEAR	TO DAT	E
OF TIME	TIME UNIT	AMOU	JNT	TYPE	AMOU	NT	ΥT	D	TYPE	AMO	UNT	TYPE	AMOL	INT	TYPE	AMOUN	۷T -
REGULAR	8000	755	27	FICA	54	00	846	09	BENEFIT PLAN			DEFERRED PAY PLAN			GROSS EARNINGS	11833	14.7
OVERTIME			ĺ	FEDERAL WITHHELD	51	97	922	74	UFE INS.	J	120	SURVIVOR BENEFIT					nn
SHIFT PREM.	f I	į		MICHIGAN WITHHELD	32	09	480	68	HET. DED.		76	CREDIT UNION	50	00	VACATION	48	100
COLA		-	Ì	DETROIT	23	97	338	43	BONDS		İ				COMP TIME	ł	00
		1		HOSPITAL	!			00	30012	50	00				PRIOR COMP TIME	8	00
		į		45120	9/4	44	137	96							SICK TIME	16	00
l		1			į										RESERVE SICK TIME	24	00
					******							BOND PURCHASE BOND BALANCE			SWH	32	00
TOTAL GROSS					i S			30	A	MOUNT F CHEC		i	4468	ا الم			
MAIL 1190 AGENCY 38 UNIT 1190						DETACH			GOTIAB		AYR	<u>QLL</u>					

1968	190 PAYE	ROLL 8	STATE	•	ARNINGS A 29/87 to	AND DED	UCTIONS 12/87	PAID	7/1758		0003433
\$00 300	SEC. NO.	BAR(ENUMBER TO SEMPLOYEE MASENA TAXE	NAME		BAN REIMBURSEN	K	ACCC	UNT	WEEK 29
REGULAR OVERTIME SHIFT PREM. COLA	72 00 800	AMOUNT	TYPE FICA FEDERAL WITHHELD MICHIGAN WITHHELD DETROIT WITHHELD HOSPITAL 45120	AMOUNT 5369 5131 3189 2183	79209 87077 44859 31646 00 12852	TYPE BENEFIT PLAN LIFE INS. HET. GEO. BONDS 30012	120 3754	TYPE DEFERRED PAY PLAN SURVIVOR BENEFIT CREDIT UNION BOND PURCHASE SOND BALANCE	5000	TYPE GROSS EARNINGS VACATION COMPTIME PRIOR COMPTIME SICK TIME RESERVE SICK TIME SICK TIME	AMOUNT 1107815 5600 00 00 1600 2400 3200
TOTAL GROSS MAIL CODE		75087 AGENCY	TOTAL T AND REI	AXES, DEDU MBURSEMEN UNIT	ICTIONS NTS 90	DETACH	NOT NE	GOTIAB	MOUNT OF CHECK LE PAY!		44397

CITY	OF DETROIT, FINAN	CE DEPARTM	NT, TRE	ASURY D	IVISION			3
196890 PAYROLL B	STATEMENT OF FOR 6	115/87 TO	ND DEDU 6/28	CTIONS 8/87	PAID	7/02587	946	1503643
SOC. SEC. NO.	EC. NO. IS THE NUMBER T	***************************************	EDUCTIONS			***************************************		
	EMPLOYE GE - THOMASENA			BAN	K	ACCO	UNT	27
EARNINGS	TA>	(ES, DEDUCTION	IS AND RE	IMBURSEN	IENTS		YEAF	TO DATE
OF TIME UNIT AMOUN	TYPE AMOUNT	. ALD	TYPE A	AMOUNT	TYPE	AMOUNT	TYPE	AMOUNT
OVERTIME SHIFT PREM. COLA SICK 800 7333	FEDERAL WITHHELD 4867 WITHHELD STRONG WITHHELD HOSPITAL	29463	BENEFIT PLAN LIFE INS. HET. OED. SONUS	120 3686 5000	DEFERRED PAY PLAN SURVIVOR REPET CREDIT UNION SARN	5000 12004	GROSS EARNINGS VACATION COMPTIME PRIOR COMPTIME SICK TIME RESERVE SICK TIME	1032728 00 5600 00 00 800
TOTAL GROSS 73328	TOTAL TAXES, DED AND REIMBURSEM 758138 FILED 0941	DUCTIONS ENTS		425		MOUNT F CHECK	F	31273

CITY OF DETROIT, FINANCE DEPARTMENT, TREASURY DIVISION STATEMENT OF EARNINGS AND DEDUCTIONS

19689 (PAYROLL

FOR

6/01/87TO

6/14/87 PAID

YOUR SOC. SEC. NO. IS THE NUMBER TO WHICH YOUR DEDUCTIONS ARE POSTED AND SHOULD BE NOTED IN ALL INQUIRIES. SOC. SEC. NO. EMPLOYEE NAME RANK ACCOUNT WEEK BARGE, THOMASENA EARNINGS TAXES, DEDUCTIONS AND REIMBURSEMENTS YEAR TO DATE EIND OF TIME UNIT TYPE AMOUNT **AMOUNT** TYPE AMOUNT YTD TYPE **AMOUNT** TYPE AMOUNT BENEFIT PLAN DEFERRED PAY PLAN GROSS EARNINGS 7200 65494 95940# 5243 68597 REGULAR FICA FEDERAL WITHHELD SURVIVOR BENEFIT OVERTIME 4867 77079 120 0 MICHIGAN WITHHELD 3108 CREDIT 38\$62 5000 3666 VACATION 6400 DETROIT WITHHELD 27\$32 2131 80N0\$ 0 0 COLA COMP TIME PRIOR COMP TIME \$00 SICK 7333 HOSPITAL 00 30012 5000 01 45120 116 10092 SICK TIME 1600 RESERVE SICK TIME 00 BOND PURCHASE BOND BALANCE TOTAL TOTAL TAXES, DEDUCTIONS AMOUNT 30\$51 OF CHECK **GROSS** AND REIMBURSEMENTS 43276 NOT NEGOTIABLE PAYROLL 1190 38 UNIT AGENCY MAIL

CITY OF DETROIT, FINANCE DEPARTMENT, TREASURY DIVISION

196890 PAYROLL B

FOR

STATEMENT OF EARNINGS AND DEDUCTIONS 5/18/87TO

5/31/87 PAID

DETACH AND RETAIN FOR YOUR RECORDS

6/05/129

³ckób03367 YOUR SOC. SEC. NO. IS THE NUMBER TO WHICH YOUR DEDUCTIONS ARE POSTED AND SHOULD BE NOTED IN ALL INQUIRIES. SOC, SEC, NO. EMPLOYEE NAME BANK ACCOUNT WEEK BARGE THOMASENA 23 **EARNINGS** TAXES, DEDUCTIONS AND REIMBURSEMENTS YEAR TO DATE TIME OF TIME **AMOUNT** TYPE AMOUNT YTD TYPE AMOUNT TYPE AMOUNT TYPE 7200 65994 AMOUNT REGULAR BENEFI FICA 5243 63354 DEFERRED PAY PLAN GROSS EARNINGS OVERTIME FEDERAL WITHHELD 88607 4867 LIFE INS. 72212 SURVIVOR BENEFIT 120 SHIFT 00 MICHIGAN WITHHELD 3108 35454 3666 6400 VACATION COLA DETROIT WITHHELD 2131 25201 BONDS od HOL 800 COMP TIME 7333 HOSPITAL 00 PRIOR COMP TIME 0 45120 916 10076 SICK TIME 1600 00 TOTAL TOTAL TAXES, DEDUCTIONS GROSS AMOUNT AND REIMBURSEMENTS 73327 20051 OF CHECK 53276 1190 MAU 38 UNIT AGENCY 1190 NOT NEGOTIABLE PAYROLL CODE DETACH AND RETAIN FOR YOUR RECORDS

19689	O.PAY	ROLL B	F	OR 5/	ARNINGS 04/87 To	0 5/1	7/87	PAID	U 5/22/87		500034
SOC.	SEC. NO.		. NO. IS THE I	EMPLOYEE I		TIONS ARE PO	BAN		red in all inquif ACCC		WEE
	40000		E THO	MASENA			01	10	1172799	,	21
7	EARNIN			TAXES	S, DEDUCTIO	ns and re	IMBURSEM	ENTS		YEAR	TO DATE
KIND IT	IME UNIT	AMOUNT	TYPE	AMOUNT	YTD	TYPE	AMOUNT	TYPE	AMOUNT	TYPE	AMOUNT
REGULAR	4000	36663	FICA	5242	58111	BENEFIT PLAN		DEFERRED PAY PLAN SURVIVOR BENEFIT		GROSS EARNINGS	81274
OVERTIME SHIFT PREM.		1	FEDERAL WITHHELD MICHIGAN WITHHELD	4867	67345 32346	LIFE INS. RET. DED.	120 3666	BENEFIT CREDIT UNION		VACATION	0 440
PREM. COLA	!	1	DETROIT WITHHELD	31 08 21 31	23070	BONDS		UNION		COMP TIME	g
VAC	4000	36663	HOSPITAL			38011	53200			PRIOR COMP TIME	0
		1	45120	916	9160					RESERVE SICK TIME	160 0
		 		‡ ‡	 		 	BOND PURCHASE BOND		SICK TIME	
TOTAL GROSS		, , , , , , , , , , , , , , , , , , ,	TOTAL TA	XES, DEDUC	TIONS		72		AMOUNT OF CHECK		 76

CITY OF DETROIT, FINANCE DEPARTMENT, TREASURY DIVISION 418785 \$15000362 STATEMENT OF EARNINGS AND DEDUCTIONS 196890. PAYROLL B FOR 4/20/87 TO 5/03/87 PAID 5/08/87 YOUR SOC. SEC. NO. IS THE NUMBER TO WHICH YOUR DEDUCTIONS ARE POSTED AND SHOULD BE NOTED IN ALL INQUIRIES. SOC. SEC. NO. **EMPLOYEE NAME** BANK ACCOUNT WEEK BARGE, THOMASENA 01 101172799 19 EARNINGS TAXES, DEDUCTIONS AND REIMBURSEMENTS YEAR TO DATE TIME UNIT AMOUNT TYPE AMOUNT YTD TYPE **AMOUNT** OF TIME AMOUNT TYPE AMOUNT 7200 65994 REGULAR BENEFIT 5243 DEFERRED PAY PLAN FICA 52869 GROSS EARNINGS 739420 OVERTIME FEDERAL WITHHELD 4867 62478 LIFE INS. SURVIVOR BENEFIT 120 00 SHIFT PREM. MICHIGAN WITHHELD 3108 29238 RET. CREDIT 3666 8400 COLA DETROIT WITHHELD 2131 20939 BONDS COMP TIME 00 SICK 800 7333 HOSPITAL on 00 PRIOR COMP TIME 45120 9116 82144 SICK TIME 1600 RESERVE SICK TIME 00 BOND PURCHASE BOND

AMOUNT

OF CHECK

PAYROLL

53276

20051

NOT NEGOTIABLE

DETACH AND RETAIN FOR YOUR RECORDS

DETACH AND RETAIN FOR YOUR RECORDS

TOTAL TAXES, DEDUCTIONS AND REIMBURSEMENTS

UNIT 1190

38

TOTAL

GROSS

MAIL

CODE

1190

73327

AGENCY

	,	890 PAY	/ROLL B	DIWIE141	FOR 4	arnings 106/87 t	AND D O 41	EDUCTIO	NS PAID	13110		5655 5000343
:	\$00	C. SEC. NO	BAR		EMPLOYEE MASENA	NAME		BAi na	vik 1 n		OUNT	WEEK
	KIND	EARNIN			TAXE	S. DEDUCTIO	NS AND R	EIMBURSEN	ENTS	<u> </u>	*	17 TO DATE
	OF TIME REGULAR	UNIT	AMOUNT	TYPE	AMOUNT	YTD	TYPE	AMOUNT	TYPE	AMOUNT	TYPE	AMOUNT
	OVERTIME SHIFT PREM. COLA	7600 400	3666	FICA FEDERAL WITHHELD MICHIGAN WITHHELD DETROIT WITHHELD HOSPITAL	5243 4867 3108 2131	47626 57611 26130 18808 00 7328	BENEFIT PLAN LIFE INS. RET. DED. BONDS	1 20 36 66	DEFERRED PAY PLAN SURVIVOR BENEFIT CREDIT UNION BOND PURCHASE BOND BALANCE		GROSS EARMINGS VACATION COMP TIME PRIOR COMP TIME SICK TIME RESERVE SICK TIME	6660 93 00 00 00 16 00
	TOTAL GROSS	A A A D	73327	AND REIR	XES, DEDUC ABURSEMENT	TIONS		20	A	OUNT		53276
	MAIL CODE	1190	AGENCY	38	UNIT 11	70	NETACL	OT NEGO	TIABLE	PAYR	OLL	

*	39() PAY	YOUR SOC. SE	- 1	NUMBER TO WH	ARNINGS 23/87 T IICH YOUR DEDUC NAME	(1) 20	470 245 d ds san	PAID DULD BE NOT VK	ACC	7 ST IRIES. OUNT	255; 5000: w
KIND	EARNIN	GS			S, DEDUCTIO	NS AND R	FIMBLIBEERS	ENTE	1172799		
F TIME	TIME	AMOUNT	TYPE	AMOUNT	YTD	TYPE	AMOUNT	1		YEAR	TO DAT
EGULAR	798d	73144	FICA	5328		BENEFIT	AMOUNT	TYPE	AMOUNT	TYPE	AMOU
VERTIME		1	FEDERAL WITHHELD		42383	PLAN LIFE INS.	!	DEFERRED PAY PLAN	i	GROSS EARNINGS	5927
SHIFT PREM.		1	MICHIGAN WITHHELD	4946	52744	l l	1/20	SURVIVOR BENEFIT	!		·- / 34 5
COLA		į	DETROIT WITHHELD	3162	23922	DED:	37/26	CREDIT UNION		VACATION	
DJ	lod	1375	HOSPITAL	2166	16677	BONDS]		1	COMP TIME	
		1	V = 4 3 V	da	100			ĺ	1	PRIOR COMP TIME	
			45120	916	6415				!	SICK TIME	16
	i									RESERVE SICK TIME	1 (3
		1						BOND PURCHASE	i		i
TAL			2024 24	ES, DEDUCT				BOND BALANCE			

CITY OF DETROIT, FINANCE DEPARTMENT, TREASURY DIVISION
STATEMENT OF EARNINGS AND DEDUCTIONS
AYROLL B FOR 3/09/87 TO 3/22/87 PAID 3/27

196890 PAYROLL B

· · · · · · · · · · · · · · · · · · ·		YOUR SOC. SEC	O. NO. IS THE	NUMBER TO WH	ICH YOUR DEDUC	TIONS ARE P	OSTED AND SHO	DULD BE N	IOTED IN ALL INQU	IRIES.	
SOC	C. SEC. NO	.		EMPLOYEE	NAME		BAI	٧K	ACC	OUNT	WEEK
-	A CONTRACTOR OF THE PARTY OF TH	SARC	GE,THO	MASENA			01	<u> </u> 1	01172799)	1 43
	EARNIN	GS		TAXE	S, DEDUCTIO	NS AND R	EIMBURSEN	IENTS		YEAR	TO DATE
OF TIME		AMOUNT	TYPE	AMOUNT	YTD	TYPE	AMOUNT	TYPE	AMOUNT	TYPE	AMOUNT
REGULAR	7600	69661	FICA	52,43	37055	BENEFIT PLAN		DEFERRE PAY PLA!	0	GROSS EARNINGS	518247
OVERTIME	!		FEDERAL WITHHELD	48/67	47798	LIFE INS.	120	SURVIVOI BENEFIT	R j		חמ
SHIFT PREM.			MICHIGAN WITHHELD	3108	19860	RET. DED.	3666	CREDIT	1	VACATION	ho
COLA	1	ĺ	DETROIT WITHHELD	21131	145111	BONDS	ĺ			COMP TIME	no
SICK	400	3666	HOSPITAL	{	00]		!	PRIOR COMP TIME	j j
		i	45120	9116	5496		i			SICK TIME	នកឮ
		. !					 		!	RESERVE SICK TIME	þņ
	i	i		1		-	, ,	BOND PURCHASI	-	SICK TIME	12772
				1			 	BOND			Ì
TOTAL		ļ		XES, DEDUC				1 1	AMOUNT	<u>ul</u>	
GROSS	**************************************	73327	AND REIN	IBURSEMEN	TS		20		OF CHECK		53276
MAIL CODE	1190	AGENCY	38	UNIT 11	9 ()		OT NEGO			OLL	
CODE						DEYACH	AND RETAIN F	OR YOUR I	RECORDS		(ر

\$ 539	968°	CI P C PAYI	ROLL P YOUR SOC. SE	TATEMI C. NO. IS THE	ENT OF EA FOR 2/ NUMBER TO WHIT EMPLOYEE I MASENA	NAME	AND DI) 3/	EDUCTION 08/87 OSTED AND SHO BAN 01	PAID DULD BE I	3/13/87 NOTED IN ALL INQUI	RIES. DUNT	3111 3000366 WEEK 11
		EARNIN			TAXES	S, DEDUCTION			71	*****	YEAR TYPE	TO DATE AMOUNT
OF REI OV	COLA	6800	; 	FEDERAL WITHHELD MICHIGAN WITHHELD DETROIT WITHHELD	AMOUNT 5743 4867 3108 2131	31812 42931 16752 12380 4580	TYPE BENEFIT PLAN LIFE INS. RET DED. BONDS	3666	TYPE DEFERR PAY PL SURVIV BENEF CREDI UNIO	ED AN I OR I I I I I I I I I I I I I I I I I	GROSS EARNINGS VACATION COMP TIME PRIOR COMP TIME SICK TIME RESERVE SICK TIME	444920 01 00 100 1200
	OTAL ROSS		73327		AXES, DEDUC MBURSEMEN	115			0051		201 8	53276
	AIL ODE	1190	AGENC	7 38	UNIT 🧃	190	DETA	NOT NEG	OTIAI FOR YOU	<u> </u>	ROLL	

P	F 5391				ent of e <i>i</i>	NRNINGS	AND D	EDUCTION	VS		,	206
	196890 PAYROLL B FOR 2/09/87 TO 2/22/87 PAID 2/27/87 YOUR SOC. SEC. NO. IS THE NUMBER TO WHICH YOUR DEDUCTIONS ARE POSTED AND SHOULD BE NOTED IN ALL INQUIR SOC. SEC. NO. EMPLOYEE NAME BARGE THOMASENA 03 031172799										RIES.	WEEK
} :		EARNIN		RIVE - 1810	TAXES	, DEDUCTIO	NS AND R	EIMBURSEM				TO DATE
	KIND OF TIME	TIME UNIT	AMOUN	VT TYPE	AMOUNT	YTD	TYPE	AMOUNT	TYPE	AMOUNT I	TYPE GROSS EARNINGS	AMOUNT
A CONTRACT OF THE PROPERTY OF	REGULAR OVERTIME SHEFT. COLA LONG	8000	7332	FEDERAL WITHHELD MICHIGAN WITHHELD DETROIT WITHHELD	5958 10514 3568 2431 916	26569 38064 13644 10249 00 3664	BENEFIT PLAN LIFE INS. RET. DEO. BONDS	120 3556	DEFERRED PAY PLAN SURVIVOR BENEFIT CREDIT UNION HOND PURCHASE		VACATION COMP TIME PRIOR COMP TIME SICK TIME RESERVE SICK TIME	371593 00 00 00 00 1600
1	3-538	46-swr	Doc	7581 Fi	led 09/18/		red 09	19/14 10:	48.11	Page 48	of 51	Li

08.89 000.0	SEC. NO	ROLL B YOUR SOC. SE	C. NO. IS THE N	NUMBER TO WHI	ARNINGS 26/87 T ICH YOUR DEDUC	O 21	08/87 Posted and sho	PAID OULD BE NO	2/13/87 OTED IN ALL INQU	^የ ຼ່່§፝ጞ IRIES.]
300.	SEC. NO	ii .	GE,THOM	EMPLOYEE I	NAME .		BAN	- 1		OUNT	WEE
	EARNIN		3E O I MUP		S DEDUCTIO	MC AND D	<u>C1</u> EIMBURSEM	<u>] (</u>	<u> 11172799</u>	77	07
KIND TI		` AMOUNT	TYPE	AMOUNT	YÍD	TYPE	AMOUNT	TYPE	AMOUNT	TYPE	TO DATE
PREMISE SHIFT COLA	800	7333	FICA FEDERAL WITHHELD MICHIGAN WITHHELD DETROIT WITHHELD HOSPITAL	5243 9252 3108 2131 916	206/11 275/50 100/76 78/18 00 27/48	BENEFIT PLAN LIFE INS RET. DED. BONDS	120 3666	DEFERRED PAY PLAN SURVIVOR BENEFIT CREDIT UNION BOND PURCHASE BOND BALANCE		GROSS EARNINGS VACATION COMP TIME PRIOR COMP TIME SICK TIME RESERVE SICK TIME	28826 0 0 160
TAL ROSS		73327	TOTAL TAX	(ES, DEDUCT BURSEMENT	TIONS TS		27.		MOUNT F CHECK		48891

SOC. SE	v	ROLL B YOUR SOC. SE		FOR 1/ NUMBER TO WH EMPLOYEE	12/87 TICH YOUR DEDUC	CTIONS ARE F	OSTED AND SHO			IRJES.	5 0000 37
		BAR	GE, THO!				BAN C1		ACC 1172799	OUNT	WE
KIND TIME	RNING	S			S, DEDUCTIO	NS AND R		ENTS	3 11 (1 9)		TO DATE
OF TIME	บักเส 15 0	64619	TYPE	5144	975 15368	TYPE	AMOUNT	TYPE	AMOUNT	TYPE	AMOUN
OVERTIME SHIFT PREM,			FEDERAL WITHHELD	9046	18298	BENEFIT PLAN LIFE INS.	120	DEFERRED PAY PLAN SURVIVOR BENEFIT	İ	GROSS EARNINGS	2149
COLA		İ	MICHIGAN WITHHELD DETROIT WITHHELD	30 44 20 89	6968 5687	RET. DED. BONDS	3598	CREDIT UNION	!	VACATION	į
HOL 8	00	7333	HOSPITAL	. 1	00	BONUS				COMP TIME PRIOR COMP TIME	(
		! !	45120	9116	1832		!		.	SICK TIME	160
to e		ļ					-	BOND PURCHASE	ii	RESERVE SICK YIME	Ç
TOTAL			TOTAL TAX	i				BOND BALANCE			!

1 - 25 - N

UNITED STATES BANKRUPTCY COURT Eastern District of Michigan

In re: Thomasena Barge AKA Thomas a ne Ba	rge
	Chapter: g
	Case No.: 13-53846
XXXXXXX CREDITOR /	Judge: RHODES
Address 5226 Newport Street Detroit, Michigan 48213	
Last four digits of Social Security or Employer's Tax Identification (EIN) No(s).(if any): 9261	
NOTICE OF [MOTIO] CREDITOR MXXXX has filed papers with the court to	
{re	lief sought in motion or objection
Your rights may be affected. You should read the attorney, if you have one in this bankruptcy case. (If you do	se papers carefully and discuss them theyour one.)
If you do not want the court to	[relief sought in your views on the [motion] [objection], within
1. File with the court a written response or	an answer, explaining your position at:
United States Bankr	uptcy Court
If you mail your response to the court for enough so the court will receive it on a All attorneys are required to file pleading	or before the date stated above.
You must also mail a copy to [enter you others to be served]:	our name and address and name and address of
2. If a response or answ schedule a hearing on the motion and you will be served whearing.	ver is timely filed and served, the clerk will with a notice of the date, time and location of the
If you or your attorney do not take these steps, the cought in the motion or objection and may enter an order gran	court may decide that you do not oppose the relief
Date: September 18, 2014	Signature 77MUA (M.A. Thomasene Barge

¹ Response or answer must comply with F. R. Civ. P. 8(b), (c) and (e)

UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF MICHIGAN SOUTHERN DIVISION

IN RE:	CITY OF DETROIT Kevyn Orr, Emer 2 Woodward Aver Detroit, Michig	gency Manager nue,Suite 1126	
		<u>CERTIFICA</u>	ATE OF SERVICE
The	undersigned certifies	that on <u>Septe</u>	ember 18, 2014 (date of marking), a
copy of the	annexed papers was s	erved by depositi	ting same, enclosed in a properly addressed
postage-pai	d envelope, in an offic	cial depository un	nder the exclusive care and custody of the
United Stat	es Postal Service with	in the State of Mi	lichigan, upon [specify name and mailing
addressed o	f each party served]:	2 Woodward	roit Emergency Manager Avenue, Suite 1126 chigan 48226
Dated: _Sept	ember 18, 2014	CREDITOR'S	Print Name: N/A (Co-Debtor's Signature) Print Name: N/A