

UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF MICHIGAN
SOUTHERN DIVISION

IN RE: CITY OF DETROIT
Kevyn Orr, Emergency Manager
2 Woodward Avenue
Suite 1126
Detroit, Michigan 48226

CASE NO: 13-53846

CHAPTER: 9

JUDGE: RHODES

Debtor.

MOTION FOR/TO FILE A LATE CLAIM

CREDITOR
NOW COMES ~~Debtor(s)~~, and brings this motion for/to FILE A LATE CLAIM
In support of Debtor(s)'s motion, Debtor states the following

[state the facts]:

1. I believe I am a creditor of the City of Detroit, and the City of Detroit owes me money.
 2. After receiving my ballot to vote, and I learned that "I" was a creditor, I believe the City of Detroit owes me \$18,823.00 as stated on the ballot which I voted "NO" because the literature stated in the ballot explaining that if we voted "YES" I would give up my rights to "PROTEST" being named as a CREDITOR.
 3. Debtor requests Judge Rhodes examine the enclosed documents that will prove CREDITOR that I, THOMASENA BARGE, AKA THOMASENE BARGE severed employment with the City of Detroit in May, 1988, and on June 17, 1988, I was paid my annuity. I should not be included in this CHAPTER 9 Bankruptcy; but excluded and my \$18,823.00 refunded to me by way of a CHECK for said amount.
- WHEREFORE, Debtor requests this Court to consider Debtor's Motion for/to

CREDITOR
FILE A LATE CLAIM and afford Debtor what further relief this Court deems equitable and just. A copy of a proposed Order is attached hereto.

Respectfully submitted,

Thomasena Barge
Thomasena Barge AKA Thomasene 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.

ORDER GRANTING MOTION TO/FOR FILE A LATE CLAIM stating that
I did not agree with Kevyn Orr's decision as Emergency Manager to
extract monies in the amount of \$18,823.00 from my small "LUMP SUM"
pension check.

CREDITOR

This matter having come before the Court on ~~Debtor's~~ motion to/for FILE A LATE CLAIM.

_____, the Court having considered the motion, and having found
cause:

IT IS ORDERED that the motion is granted.

TIME : 11-21-2013 09:58
FAX NO.1 : 3133435314
NAME : Michigan Works

FILE NO. : 866
DATE : 11.21 09:57
TO : 13139645220
DOCUMENT PAGES : 3
START TIME : 11.21 09:57
END TIME : 11.21 09:58
PAGES SENT : 3
STATUS : OK

SUCCESSFUL TX NOTICE

Michigan Works!
Grosse Pointe

Fax

To: Al Garrett From: Thomasena Bunge
Fax: (313) 964-5220 Pages: Three (3)
Phone: (313) 964-1744 Phone: (517) 348-8367
Re: Retirement Program Date: November 21, 2013
City of Detroit

☒ Urgent ☒ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

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

A handwritten signature in cursive script that reads "Thomasena Barge". The signature is written in black ink and is positioned below the typed name.

TIME :11-27-2013 08:38
FAX NO.1 :3133435314
NAME :Michigan Works

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FILE NO.      : 940
DATE          : 11.27 08:36
TO            : 13132243522
DOCUMENT PAGES : 3
START TIME    : 11.27 08:36
END TIME      : 11.27 08:38
PAGES SENT    : 3
STATUS        : OK

```

SUCCESSFUL TX NOTICE

Michigan Works! Grosse Pointe

Fax

To: Danville Weathers From: Thomasena Barge
 Fax: (313) 224-3522 Pages: 3
 Phone: (313) 224-3362 (x227) Phone: (517) 348-8367
 Re: Letter of Notice Date: November 27, 2013
Enrichment Systems

☒ Urgent ☒ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle



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.

MEMORY TRANSMISSION REPORT

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 : 11.26 09:42
 PAGES SENT : 25
 STATUS : OK

SUCCESSFUL TX NOTICE

Michigan Works!
Grosse Pointe

Fax

To: Al Garrett From: Thomasena Page
 Fax: (313) 964-5220 Pages: Twenty-five
 Phone: (313) 964-1711 Phone: (517) 348-8367
 Ref: City of Detroit Retirement Systems Date: November 26, 2013
☒ Urgent ☒ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

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

A handwritten signature in cursive script that reads "Thomasena Barge". The signature is written in black ink and is positioned below the typed name.

MEMORY TRANSMISSION REPORT

TIME : 11-26-2013 09:35
 FAX NO.1 : 3133435314
 NAME : Michigan Works

FILE NO. : 916
 DATE : 11.26 09:27
 TO : 13132243522
 DOCUMENT PAGES : 25
 START TIME : 11.26 09:28
 END TIME : 11.26 09:35
 PAGES SENT : 25
 STATUS : OK

SUCCESSFUL TX NOTICE

Michigan Works!
 Grosse Pointe

Fax

To: *Danielle Westbrook* From: *Thomasena Dunge*
 Fax: *(313) 224-3522* Pages: *Twenty-five (25)*
 Phone: *(313) 224-3362 x227* Phone: *(517) 348-8367*
 Re: *City of Detroit Retirement Systems* Date: *November 26, 2013*
☒ Urgent ☒ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

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

A handwritten signature in cursive script that reads "Thomasena Barge". The signature is written in black ink and is positioned below the typed name.

MEMORY TRANSMISSION REPORT

TIME : 12-02-2013 12:40
 FAX NO.1 : 3133435314
 NAME : Michigan Works

FILE NO. : 987
 DATE : 12.02 12:32
 TO : 13132249194
 DOCUMENT PAGES : 29
 START TIME : 12.02 12:33
 END TIME : 12.02 12:40
 PAGES SENT : 29
 STATUS : OK

SUCCESSFUL TX NOTICE

Michigan Works!
Grosse Pointe

Fax

Mauricio Rocio Berdugo
 To: *Asst. Executive Director* From: *Thomasa Bunge*
 Fax: *(313) 224-9194* Pages: *28*
 Phone: *(313) 224-3362 x203* Phone: *(313) 423-1529*
 Re: *Service Check* Date: *December 2, 2013*
Pension #196890
☒ Urgent ☒ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

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 Trustees:

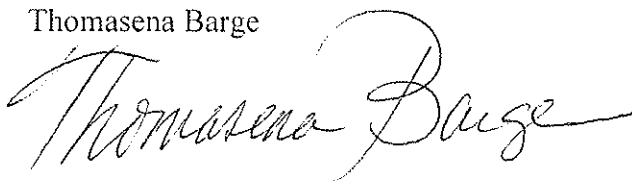
At this time, I am requesting a hearing before the Board of Trustees regarding my Service Time with the City of Detroit from July 7, 1977 to May 1, 1988. The Retirement System has my time as deficient by nine (9) months. I refute the time that is on the Retirement System Records.

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

A handwritten signature in cursive script that reads "Thomasena Barge". The signature is written in dark ink and is positioned below the printed name.

TIME : 01-22-2014 09:30
FAX NO.1 : 3133435314
NAME : Michigan Works

FILE NO. : 478
DATE : 01.22 09:26
TO : ☆ 13132249194
DOCUMENT PAGES : 19
START TIME : 01.22 09:26
END TIME : 01.22 09:30
PAGES SENT : 19
STATUS : OK

SUCCESSFUL TX NOTICE

Michigan Works!
Grosse Pointe

Fax

To: Honorable Board of Trustees From: Thomasena Bangs
Fax: (313) 224-7194 Pages: Nineteen (19)
Phone: (313) 224-362 X 203 Phone: (313) 423-1529
Re: "Approval Letter" Date: January 22, 2014

☒ Urgent ☒ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

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 Trustees:

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 Trustees. That is why I am penning this letter this morning to Your Honorable Board of Trustees.

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: 07/20/1942
Service Date: 07/09/1978
Retirement Date: 8/1/2004
Member Age: YR 62 MO 0

Calculation Factors Effective 04/29/1988
SSN: XXX - XX - 9261

Pension #: 196890

<u>Revenue Group</u>	<u>Service Credit Years</u>	<u>Service Credit Months</u>	<u>(A F C) Average Final Compensation</u>	
1	10	3	AFC from Wages	\$16,681.61
Included Military Service Credit	0	0		

<u>TOTAL PENSION PRIOR TO OPTION SELECTION</u>				<u>Annuity Balance</u>
<u>Service Pension</u>	+	<u>Basic Pension</u>	=	<u>Total Pension</u>
\$2,570.22		\$120.00		\$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
BENEFIT ESTIMATE**

BARGE, THOMASENA

Pension #: 196890

Calculated on: 12/02/2013

Equated 62
[0.930473]

Equated 65
[0.739805]

	STANDARD	BEFORE 62	AFTER 62	BEFORE 65	AFTER 65
<u>Straight Life</u>					
0.008522	City Portion \$224.18 Annuity \$0.00 Total \$224.18	\$0.00 \$0.00 \$0.00	\$208.59 \$0.00 \$208.59	\$390.03 \$0.00 \$390.03	\$165.85 \$0.00 \$165.85
<u>Cash Refund Ann.</u>					
0.008369	City Portion \$224.18 Annuity \$0.00 Total \$224.18	\$0.00 \$0.00 \$0.00	\$208.59 \$0.00 \$208.59	\$390.03 \$0.00 \$390.03	\$165.85 \$0.00 \$165.85

City of Detroit
GENERAL RETIREMENT SYSTEM
APPLICATION FOR SERVICE RETIREMENT

VESTED

To the Board of Trustees, City of Detroit
General Retirement System:

PENSION NUMBER

196890

SOCIAL SECURITY NUMBER

I, THOMASENA BARGE, a member of the Retirement System, hereby apply for service retirement in accordance with the provisions of the law and related rules and regulations.

My date of birth is:

Month JULY Day 20 Year 42

I request my retirement to be effective:

Month AUG Day 1 Year 02

I desire my retirement allowance benefits sent to:

No. 5226 Street NEWPORT
City DETROIT State MI 48213

My title on the payroll is:

NEIGHBORHOOD SERVICE REP.
Department employed in: MAYOR

In connection with my application for retirement on 8-1-02, I request a refund of \$ WITHDRAWN from my Annuity Savings Fund.

I elect to receive my retirement allowance in the following form of payment:
(place one X in a square on each line; a total of two X's.)

☒ STANDARD

☐ EQUATED
Increased to Age _____
& Decreased Thereafter _____

If you selected
this option please
initial _____

☒ REGULAR
STRAIGHT LIFE
Allowance

☐ OPTION I
Cash Refund
Annuity

☐ OPTION 2
Joint and 100%
Survivorship

☐ OPTION 3
Joint and 50%
Survivorship

☐ OPTION A
Joint and 75%
Survivorship

☐ OPTION B
Joint and 25%
Survivorship

(Write plan of retirement elected) STRAIGHT LIFE

If option 2, 3, A or B elected, do you desire Pop-Up Plan Protection?

Yes ☐ No ☐

Thomasena Barge
Signature of Member

I nominate as my beneficiary:

Beneficiary's date of birth:

Month _____ Day _____ Year _____

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 REQUIRED IF OPTION 2, 3 A OR B, IS ELECTED

Dated at DETROIT, MI this 17th day of DEC. 20 13

Shirley Hill
Signature of Witness

Thomasena Barge
Signature of Retiring Member

Any balance under Option 2, 3, A or B is to be paid to my _____

Relationship

date of birth _____

Name of Beneficiary

Dated _____

Signature of Witness

Signature of Member

C of D 9S-AP (10-96)





RETIREMENT SYSTEMS
OF THE
CITY OF DETROIT

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

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

REC'D MAR 07 2014

Dear Retiree:

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: Yes No

My correct Address is:

Signature of Retirant:

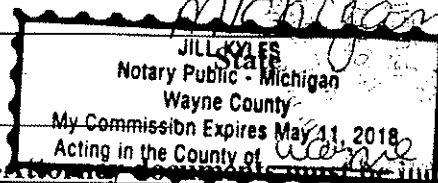
Telephone Number:

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

On this 7th day of March, 2014 before me personally appeared the above-named, known to me to be the person described in and who executed the foregoing signature.

Jill Koles
Notary Public

Wayne
County



My commission expires

5-11-2018

If signed as Power-of-Attorney, an original of the Power-of-Attorney documents must be included

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.

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

Juanita Waller

Juanita Waller
RSCD Specialist



GENERAL RETIREMENT SYSTEM
RETIREMENT APPLICATION CHECKLIST

Initial Selections

1. TYPE OF RETIREMENT

- ☐ Service Retirement ☐ Duty Disability Retirement ☐ Widows Pension
☐ Early Retirement ☐ Non-Duty Disability ☐ Vested Pension-Current Annuity Balance
☐ Conversion ☐ Survivors Pension ☒ Vested Pension-Pension Retroactive to Eligibility Date

2. OPTION SELECTION

- ☒ Straight Life ☐ Option 1 (Cash Refund Annuity) ☐ Option A (75% Survivor)
☐ No option required ☐ Option 2 (100% Survivor) ☐ Option B (25% Survivor)
☐ Option 3 (50% Survivor)

I understand that with selection of Straight Life or Option 1 there will be no spousal health care benefits after retiree's death.

3. UNUSED SICK PAY OPTION

- ☐ YES ☐ NO

4. POP-UP SELECTION

- ☐ YES ☐ NO

5. EQUATED SOCIAL SECURITY OPTION

- ☐ AGE 62 ☐ AGE 65

I understand that my gross monthly pension will be reduced effective the first day of the month following my _____ birthday.

6. MATERNITY LEAVE (7-2-65 TO 9-19-72)

- ☐ YES ☐ NO

7. DEFINED CONTRIBUTION PLAN (Annuity Fund)

- ☐ No Withdrawal ☐ Partial Withdrawal
☒ Previously Withdrawn ☐ Total Withdrawal
☐ Rollover-Form to be submitted

Annuity Withdrawal Forms and Interest Letter Received

Bonus Distribution Notice Reviewed

8. WITHHOLDING TAX

- ☒ No withholding ☐ Married _____ Exemptions
☐ Fixed amount \$ _____ ☐ Single _____ Exemptions

STATE WITHHOLDING TAX

- ☒ 1. Not taxable ☐ 2. Before 1946 ☐ 3. Between 1946 and 1952 ☐ 4. After 1952

9. DIRECT DEPOSIT

- ☒ YES ☐ NO

GENERAL RETIREMENT SYSTEM
RETIREMENT APPLICATION CHECKLIST
(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
☐ DenCap
13. DEATH BENEFIT ☐ YES ☐ NO
14. GROUP LIFE INSURANCE (Disability Only) ☐ YES ☐ NO
15. GROUP LIFE INSURANCE-WAIVER OF PREMIUM (TOTAL & PERMANENT DISABILITY) ☐ YES ☐ NO
16. PROOF OF BIRTH
EMPLOYEE ☒ Supplied ☐ 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 ☐ NO
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:

1. 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.

Thomasena Darg 12/17/2013 S. Hill
SIGNATURE DATE WITNESS





GENERAL RETIREMENT SYSTEM
OF THE
CITY OF DETROIT

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

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

PENSION STATEMENT

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

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

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	ADJUSTMENT	CURRENT	YTD	DEDUCTIONS	DEDUCTION CODE	CURRENT	YTD
Pension	285.81	31424.98	37065.70	37065.70	Federal Income Tax		0.00	0.00
Annuity	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	0.00	0.00
			Net Pay	\$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

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TEAR HERE

© 2006 Automatic Data Processing (PCB 7/06)

VERIFY DOCUMENT AUTHENTICITY: COLORED AREA MUST CHANGE IN TONE GRADUALLY AND EVENLY FROM DARK (AT TOP) TO LIGHT (AT BOTTOM)



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

PENSION STATEMENT



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

Page 001 of 001

Period Beginning: 03/01/2014
Period Ending: 03/31/2014
Check Date: 04/01/2014
Check Number: 1000259094
Batch Number: 00000000530

Retirement Code E-80-0-1

BARGE, THOMASENA
5226 NEWPORT ST
DETROIT MI 48213-3741

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

EARNINGS	RATE	ADJUSTMENT	CURRENT	YTD	DEDUCTIONS	DEDUCTION CODE	CURRENT	YTD
Pension	285.81	-50.00	235.81	37301.51	Federal Income Tax		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	0.00	0.00
			Net Pay	\$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

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

Cynthia A. Thomas

PENSION STATEMENT

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

Page 001 of 001
Period Beginning: 05/01/2014
Period Ending: 05/31/2014
Check Date: 06/01/2014
Check Number: 1000262978
Batch Number: 000000000543

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	ADJUSTMENT	CURRENT	YTD	DEDUCTIONS	DEDUCTION CODE	CURRENT	YTD
Pension	285.81	-50.00	235.81	37773.13	Federal Income Tax		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	0.00	0.00
			Net Pay	\$235.81	

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.

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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: 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

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

Cynthia A. Thomas

PENSION STATEMENT

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

Page 001 of 001

Period Beginning: 06/01/2014
Period Ending: 06/30/2014
Check Date: 06/30/2014
Check Number: 1000266741
Batch Number: 000000000551

Retirement Code E-80-0-1

BARGE, THOMASENA
5226 NEWPORT ST
DETROIT MI 48213-3741

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

EARNINGS	RATE	ADJUSTMENT	CURRENT	YTD	DEDUCTIONS	DEDUCTION CODE	CURRENT	YTD
Pension	285.81	-50.00	235.81	38008.94	Federal Income Tax		0.00	0.00
Annuity	0.00	0.00	0.00	0.00	Michigan Income Tax		0.00	0.00

Gross Pay	235.81	38008.94	Total Deductions	0.00	0.00
			Net Pay	\$235.81	

IMPORTANT NOTES

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

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

Void after 90 days

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

Cynthia A. Thomas

PENSION STATEMENT

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

Page 001 of 001

Period Beginning: 07/01/2014
Period Ending: 07/31/2014
Check Date: 08/01/2014
Check Number: 1000268600
Batch Number: 000000000557

Retirement Code E-80-0-1

BARGE, THOMASENA
5226 NEWPORT ST
DETROIT MI 48213-3741

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

EARNINGS	RATE	ADJUSTMENT	CURRENT	YTD	DEDUCTIONS	DEDUCTION CODE	CURRENT	YTD
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 Income Tax		0.00	0.00

Gross Pay	235.81	38244.75	Total Deductions	0.00	0.00
			Net Pay	\$235.81	

IMPORTANT NOTES

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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

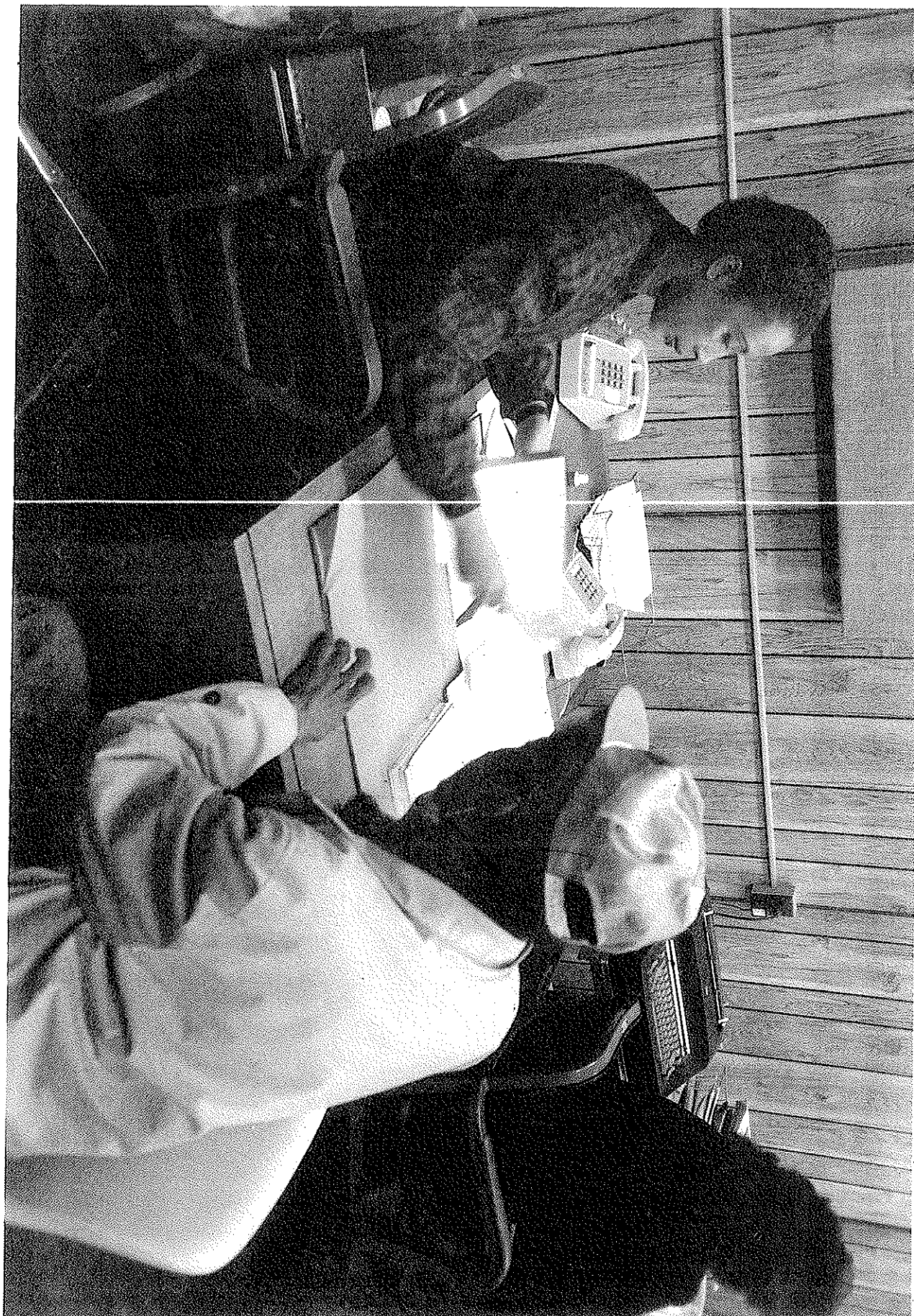
\$**235.81

Pay to the
order of: BARGE, THOMASENA

Void after 90 days

Cynthia A. Thomas

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



CITY OF DETROIT • 120 CITY-COUNTY BLDG. • DETROIT, MICHIGAN 48226

AGENCY NO. 94 NON-DEPARTMENTAL

DATE 06-16-88

2604723

PLEASE DETACH BEFORE DEPOSITING CHECK

REFERENCE	INVOICE NO.	AMOUNT	REFERENCE	INVOICE NO.	AMOUNT
94004427	373449	1195926			
ANNU. REF-B/M 06/08/88					
T. JOHNSON - BARGE					

0603773

SEQUENCE NO.

VENDOR NO.

TOTAL

\$11,959.26

JOHNSON THOMASE ACCOUNT 196890 DATE: 06/17/88 SHARE SUFFIX - 00

TODAY YOU MADE A SHARE WITHDRAWAL

SHARE AMOUNT 5,650.52-
NEW SHARE BALANCE 6,308.74
CHECK NR BEING ISSUED 963849

WITHDRAW SIGNATURE

TELLER

26..37..A..06/17/88..064..SWC.09:32

STATEMENT OF EARNINGS AND DEDUCTIONS
FOR 2/24/86 TO 3/09/86 PAID 3/14/86 CK000316

196890 PAYROLL B 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								11		
EARNINGS				TAXES, DEDUCTIONS AND REIMBURSEMENTS						YEAR TO DATE		
KIND OF TIME	TIME	UNIT	AMOUNT	TYPE	AMOUNT	YTD	TYPE	AMOUNT	TYPE	AMOUNT	TYPE	AMOUNT
REGULAR	3200		27932	FICA	2496	2496	BENEFIT PLAN		DEFERRED PAY PLAN		GROSS EARNINGS	3491
OVERTIME				FEDERAL WITHHELD	4034	4034	LIFE INS.		SURVIVOR BENEFIT		VACATION	320
SHIFT PREM.				MICHIGAN WITHHELD	1781	1781	RET. DED.		CREDIT UNION		COMP TIME	0
COLA				DETROIT WITHHELD	1047	1047	BONDS				PRIOR COMP TIME	0
SWH	800		6983	HOSPITAL		00					SICK TIME	0
									BOND PURCHASE BOND BALANCE		RESERVE SICK TIME	0
											SWH	160
TOTAL GROSS			34915	TOTAL TAXES, DEDUCTIONS AND REIMBURSEMENTS				9358	AMOUNT OF CHECK		25557	

MAIL 1190 AGENCY 33 UNIT 1190 NOT NEGOTIABLE PAYROLL
DETACH AND RETAIN FOR YOUR RECORDS

CITY OF DETROIT, FINANCE DEPARTMENT, TREASURY DIVISION
STATEMENT OF EARNINGS AND DEDUCTIONS
196890 PAYROLL B FOR 3/10/86 TO 3/23/86 PAID 3/28/86 CK000320

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								13		
EARNINGS				TAXES, DEDUCTIONS AND REIMBURSEMENTS						YEAR TO DATE		
KIND OF TIME	TIME	UNIT	AMOUNT	TYPE	AMOUNT	YTD	TYPE	AMOUNT	TYPE	AMOUNT	TYPE	AMOUNT
REGULAR	8000		69831	FICA	5351	7847	BENEFIT PLAN		DEFERRED PAY PLAN		GROSS EARNINGS	10974
OVERTIME				FEDERAL WITHHELD	11879	15913	LIFE INS.		SURVIVOR BENEFIT		VACATION	320
SHIFT PREM.				MICHIGAN WITHHELD	3816	5597	RET. DED.		CREDIT UNION		COMP TIME	0
COLA				DETROIT WITHHELD	2245	3292	BONDS				PRIOR COMP TIME	0
LONG	00		5000	HOSPITAL		00					SICK TIME	0
									BOND PURCHASE BOND BALANCE		RESERVE SICK TIME	0
											SWH	160
TOTAL GROSS			74831	TOTAL TAXES, DEDUCTIONS AND REIMBURSEMENTS				23291	AMOUNT OF CHECK		51540	

MAIL 1190 AGENCY 38 UNIT 1190 NOT NEGOTIABLE PAYROLL
DETACH AND RETAIN FOR YOUR RECORDS

CITY OF DETROIT, FINANCE DEPARTMENT, TREASURY DIVISION
STATEMENT OF EARNINGS AND DEDUCTIONS
196890 PAYROLL B FOR 4/07/86 TO 4/20/86 PAID 4/25/86 CK0003234

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								17		
EARNINGS				TAXES, DEDUCTIONS AND REIMBURSEMENTS						YEAR TO DATE		
KIND OF TIME	TIME	UNIT	AMOUNT	TYPE	AMOUNT	YTD	TYPE	AMOUNT	TYPE	AMOUNT	TYPE	AMOUNT
REGULAR	8000		69831	FICA	4993	17833	BENEFIT PLAN		DEFERRED PAY PLAN		GROSS EARNINGS	24940
OVERTIME				FEDERAL WITHHELD	11085	38083	LIFE INS.		SURVIVOR BENEFIT		VACATION	320
SHIFT PREM.				MICHIGAN WITHHELD	3212	12021	RET. DED.		CREDIT UNION		COMP TIME	0
COLA				DETROIT WITHHELD	2095	7482	BONDS				PRIOR COMP TIME	0
				HOSPITAL		00					SICK TIME	0
									BOND PURCHASE BOND BALANCE		RESERVE SICK TIME	0
											SWH	160
TOTAL GROSS			69831	TOTAL TAXES, DEDUCTIONS AND REIMBURSEMENTS				21385	AMOUNT OF CHECK		48446	

MAIL 1190 AGENCY 38 UNIT 1190 NOT NEGOTIABLE PAYROLL
DETACH AND RETAIN FOR YOUR RECORDS

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	
KIND OF TIME	TIME	UNIT	AMOUNT	TYPE	AMOUNT	YTD	TYPE	AMOUNT	TYPE	AMOUNT	TYPE	AMOUNT
REGULAR	7600		66339	FICA	4993	12840	BENEFIT PLAN		DEFERRED PAY PLAN		GROSS EARNINGS	17957
OVERTIME				FEDERAL WITHHELD	11085	26998	LIFE INS.		SURVIVOR BENEFIT			
SHIFT PREM.				MICHIGAN WITHHELD	3212	8809	NET DED.		CREDIT UNION		VACATION	320
COLA				DETROIT WITHHELD	2095	5387	BONDS				COMP TIME	0
HOL	400		3492	HOSPITAL		00					PRIOR COMP TIME	0
											SICK TIME	0
											RESERVE SICK TIME	0
											BOND PURCHASE BOND BALANCE	160
TOTAL GROSS			69831	TOTAL TAXES, DEDUCTIONS AND REIMBURSEMENTS				21385	AMOUNT OF CHECK		48446	
MAIL CODE		1190	AGENCY		38	UNIT		1190	NOT NEGOTIABLE PAYROLL			
DETACH AND RETAIN FOR YOUR RECORDS												

CITY OF DETROIT, FINANCE DEPARTMENT, TREASURY DIVISION
 STATEMENT OF EARNINGS AND DEDUCTIONS
 196890 PAYROLL B FOR 4/21/86 TO 5/04/86 PAID 5/09/86 4389759 CK000330

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								19		
EARNINGS			TAXES, DEDUCTIONS AND REIMBURSEMENTS								YEAR TO DATE	
KIND OF TIME	TIME	UNIT	AMOUNT	TYPE	AMOUNT	YTD	TYPE	AMOUNT	TYPE	AMOUNT	TYPE	AMOUNT
REGULAR	6800		59356	FICA	4993	22826	BENEFIT PLAN		DEFERRED PAY PLAN		GROSS EARNINGS	31923
OVERTIME				FEDERAL WITHHELD	11085	49168	LIFE INS.		SURVIVOR BENEFIT			
SHIFT PREM.				MICHIGAN WITHHELD	3212	15233	NET DED.		CREDIT UNION		VACATION	320
COLA				DETROIT WITHHELD	2095	9577	BONDS				COMP TIME	0
SWH	1200		10475	HOSPITAL		00					PRIOR COMP TIME	0
											SICK TIME	800
											RESERVE SICK TIME	0
											BOND PURCHASE BOND BALANCE	400
TOTAL GROSS			69831	TOTAL TAXES, DEDUCTIONS AND REIMBURSEMENTS				21385	AMOUNT OF CHECK		48446	
MAIL CODE		1190	AGENCY		38	UNIT		1190	NOT NEGOTIABLE PAYROLL			
DETACH AND RETAIN FOR YOUR RECORDS												

CITY OF DETROIT, FINANCE DEPARTMENT, TREASURY DIVISION
 STATEMENT OF EARNINGS AND DEDUCTIONS
 196890 PAYROLL B FOR 5/05/86 TO 5/18/86 PAID 5/23/86 4415672 CK000334

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		21		
EARNINGS			TAXES, DEDUCTIONS AND REIMBURSEMENTS								YEAR TO DATE	
KIND OF TIME	TIME	UNIT	AMOUNT	TYPE	AMOUNT	YTD	TYPE	AMOUNT	TYPE	AMOUNT	TYPE	AMOUNT
REGULAR	7200		62848	FICA	4993	27819	BENEFIT PLAN		DEFERRED PAY PLAN		GROSS EARNINGS	38907
OVERTIME				FEDERAL WITHHELD	11085	60253	LIFE INS.		SURVIVOR BENEFIT			
SHIFT PREM.				MICHIGAN WITHHELD	3212	18445	NET DED.		CREDIT UNION		VACATION	2800
COLA				DETROIT WITHHELD	2095	11672	BONDS				COMP TIME	0
SWH	400		3492	HOSPITAL		00					PRIOR COMP TIME	0
VAC	400		3492								SICK TIME	800
											RESERVE SICK TIME	0
											BOND PURCHASE BOND BALANCE	0
TOTAL GROSS			69832	TOTAL TAXES, DEDUCTIONS AND REIMBURSEMENTS				21385	AMOUNT OF CHECK		48447	
MAIL CODE		1190	AGENCY		38	UNIT		1190	NOT NEGOTIABLE PAYROLL			
DETACH AND RETAIN FOR YOUR RECORDS												

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		WEE	
[REDACTED]		BARGE, THOMASENA				01		101172799		23	

EARNINGS				TAXES, DEDUCTIONS AND REIMBURSEMENTS						YEAR TO DATE			
KIND OF TIME	TIME	UNIT	AMOUNT	TYPE	AMOUNT	YTD	TYPE	AMOUNT	TYPE	AMOUNT	TYPE	AMOUNT	
REGULAR	7200		62848	FICA	4992	32811	BENEFIT PLAN		DEFERRED PAY PLAN		GROSS EARNINGS	45890	
OVERTIME				FEDERAL WITHHELD	11085	71338	LIFE INS.		SURVIVOR BENEFIT		VACATION	280	
SHIFT PREM.				MICHIGAN WITHHELD	3212	21657	RET. DED.		CREDIT UNION		COMP TIME	0	
COLA				DETROIT WITHHELD	2095	13767	BONDS				PRIOR COMP TIME	240	
HOL	800		6983	HOSPITAL		00					SICK TIME	0	
									BOND PURCHASE		RESERVE SICK TIME	0	
									BOND BALANCE				
TOTAL GROSS			69831	TOTAL TAXES, DEDUCTIONS AND REIMBURSEMENTS			21384			AMOUNT OF CHECK			48447

MAIL CODE 1190 AGENCY 38 UNIT 1190

NOT NEGOTIABLE PAYROLL
DETACH AND RETAIN FOR YOUR RECORDS

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	
[REDACTED]		BARGE, THOMASENA				01		101172799		25	

EARNINGS				TAXES, DEDUCTIONS AND REIMBURSEMENTS						YEAR TO DATE			
KIND OF TIME	TIME	UNIT	AMOUNT	TYPE	AMOUNT	YTD	TYPE	AMOUNT	TYPE	AMOUNT	TYPE	AMOUNT	
REGULAR	5600		48882	FICA	4993	37804	BENEFIT PLAN		DEFERRED PAY PLAN		GROSS EARNINGS	52873	
OVERTIME				FEDERAL WITHHELD	11085	82423	LIFE INS.		SURVIVOR BENEFIT		VACATION	200	
SHIFT PREM.				MICHIGAN WITHHELD	3212	24869	RET. DED.	00	CREDIT UNION		COMP TIME	0	
COLA				DETROIT WITHHELD	2095	15862	BONDS				PRIOR COMP TIME	0	
SICK	1600		13966	HOSPITAL		00					SICK TIME	80	
VAC	800		6983		872	872					RESERVE SICK TIME	0	
									BOND PURCHASE				
									BOND BALANCE				
TOTAL GROSS			69831	TOTAL TAXES, DEDUCTIONS AND REIMBURSEMENTS			22257			AMOUNT OF CHECK			47574

MAIL CODE 1190 AGENCY 38 UNIT 1190

NOT NEGOTIABLE PAYROLL
DETACH AND RETAIN FOR YOUR RECORDS

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	
[REDACTED]		BARGE, THOMASENA				01		101172799		29	

EARNINGS				TAXES, DEDUCTIONS AND REIMBURSEMENTS						YEAR TO DATE			
KIND OF TIME	TIME	UNIT	AMOUNT	TYPE	AMOUNT	YTD	TYPE	AMOUNT	TYPE	AMOUNT	TYPE	AMOUNT	
REGULAR	7200		62848	FICA	4993	47790	BENEFIT PLAN		DEFERRED PAY PLAN		GROSS EARNINGS	663395	
OVERTIME				FEDERAL WITHHELD	11085	104593	LIFE INS.	120	SURVIVOR BENEFIT		VACATION	2000	
SHIFT PREM.				MICHIGAN WITHHELD	3212	31293	RET. DED.	00	CREDIT UNION		COMP TIME	00	
COLA				DETROIT WITHHELD	2095	20052	BONDS				PRIOR COMP TIME	00	
HOL	800		6983	HOSPITAL		00					SICK TIME	1600	
					872	2616					RESERVE SICK TIME	00	
									BOND PURCHASE		SWH	2400	
									BOND BALANCE				
TOTAL GROSS			69831	TOTAL TAXES, DEDUCTIONS AND REIMBURSEMENTS			22377			AMOUNT OF CHECK			47654

MAIL CODE 1190 AGENCY 38 UNIT 1190

NOT NEGOTIABLE PAYROLL
DETACH AND RETAIN FOR YOUR RECORDS

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		
[REDACTED]		BARGE, THOMASENA				01		101172799		27		
EARNINGS			TAXES, DEDUCTIONS AND REIMBURSEMENTS							YEAR TO DATE		
KIND OF TIME	TIME	UNIT	AMOUNT	TYPE	AMOUNT	YTD	TYPE	AMOUNT	TYPE	AMOUNT	TYPE	AMOUNT
REGULAR	8000		69831	FICA	4993	42797	BENEFIT PLAN		DEFERRED PAY PLAN		GROSS EARNINGS	59853
OVERTIME				FEDERAL WITHHELD	11085	93508	LIFE INS.	120	SURVIVOR BENEFIT		VACATION	2000
SHIFT PREM.				MICHIGAN WITHHELD	3212	28081	RET. DED.	00	CREDIT UNION		COMP TIME	00
COLA				DETROIT WITHHELD	2095	17957	BONDS				PRIOR COMP TIME	00
				HOSPITAL	45120	872					SICK TIME	800
						1744					RESERVE SICK TIME	00
TOTAL GROSS			69831	TOTAL TAXES, DEDUCTIONS AND REIMBURSEMENTS				22377	AMOUNT OF CHECK		47454	
MAIL CODE 1190		AGENCY 38		UNIT 1190		NOT NEGOTIABLE PAYROLL						
DETACH AND RETAIN FOR YOUR RECORDS												

F 5391

CITY OF DETROIT, FINANCE DEPARTMENT, TREASURY DIVISION
 STATEMENT OF EARNINGS AND DEDUCTIONS
 196890 PAYROLL B FOR 7/14/86 TO 7/27/86 PAID 8/01/86 360617
 ST5001328

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		
[REDACTED]		BARGE, THOMASENA				01		101172799		31		
EARNINGS			TAXES, DEDUCTIONS AND REIMBURSEMENTS							YEAR TO DATE		
KIND OF TIME	TIME	UNIT	AMOUNT	TYPE	AMOUNT	YTD	TYPE	AMOUNT	TYPE	AMOUNT	TYPE	AMOUNT
REGULAR	1600		13966	FICA	999	48789	BENEFIT PLAN		DEFERRED PAY PLAN		GROSS EARNINGS	682361
OVERTIME				FEDERAL WITHHELD	9192	105585	LIFE INS.	120	SURVIVOR BENEFIT		VACATION	2000
SHIFT PREM.				MICHIGAN WITHHELD	642	31935	RET. DED.	00	CREDIT UNION		COMP TIME	00
COLA				DETROIT WITHHELD	419	20471	BONDS				PRIOR COMP TIME	00
				HOSPITAL	45120	872					SICK TIME	1600
						3488					RESERVE SICK TIME	00
TOTAL GROSS			13966	TOTAL TAXES, DEDUCTIONS AND REIMBURSEMENTS				4044	AMOUNT OF CHECK		9922	
MAIL CODE 1190		AGENCY 38		UNIT 1190		NOT NEGOTIABLE PAYROLL						
DETACH AND RETAIN FOR YOUR RECORDS												

F 5391

CITY OF DETROIT, FINANCE DEPARTMENT, TREASURY DIVISION
 STATEMENT OF EARNINGS AND DEDUCTIONS
 196890 PAYROLL B FOR 7/28/86 TO 8/10/86 PAID 8/15/86 368253
 ST5000317

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		
[REDACTED]		BARGE, THOMASENA				01		101172799		33		
EARNINGS			TAXES, DEDUCTIONS AND REIMBURSEMENTS							YEAR TO DATE		
KIND OF TIME	TIME	UNIT	AMOUNT	TYPE	AMOUNT	YTD	TYPE	AMOUNT	TYPE	AMOUNT	TYPE	AMOUNT
REGULAR	3200		27932	FICA	2496	51285	BENEFIT PLAN		DEFERRED PAY PLAN		GROSS EARNINGS	717276
OVERTIME				FEDERAL WITHHELD	4084	109619	LIFE INS.	120	SURVIVOR BENEFIT		VACATION	2000
SHIFT PREM.				MICHIGAN WITHHELD	1606	33541	RET. DED.	00	CREDIT UNION		COMP TIME	00
COLA				DETROIT WITHHELD	1047	21518	BONDS				PRIOR COMP TIME	00
SICK	800		6983	HOSPITAL	45120	872					SICK TIME	800
						4360					RESERVE SICK TIME	00
TOTAL GROSS			34915	TOTAL TAXES, DEDUCTIONS AND REIMBURSEMENTS				10175	AMOUNT OF CHECK		24740	
MAIL CODE 1190		AGENCY 38		UNIT 1190		NOT NEGOTIABLE PAYROLL						
DETACH AND RETAIN FOR YOUR RECORDS												

F 5391

CITY OF DETROIT, FINANCE DEPARTMENT, TREASURY DIVISION

STATEMENT OF EARNINGS AND DEDUCTIONS

196890 PAYROLL B

FOR 8/11/86 TO 8/24/86

PAID 8/29/86

D 371115
ST500029

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		35			
EARNINGS			TAXES, DEDUCTIONS AND REIMBURSEMENTS									YEAR TO DATE	
KIND OF TIME	TIME	UNIT	AMOUNT	TYPE	AMOUNT	YTD	TYPE	AMOUNT	TYPE	AMOUNT	TYPE	AMOUNT	
REGULAR	7200		65994	FICA	5243	56528	BENEFIT PLAN		DEFERRED PAY PLAN		GROSS EARNINGS	79060	
OVERTIME				FEDERAL WITHHELD	1137	110756	LIFE INS.	120	SURVIVOR BENEFIT		VACATION	200	
SHIFT PREM.				MICHIGAN WITHHELD	984	34525	RET. DED.	00	CREDIT UNION		COMP TIME	0	
COLA				DETROIT WITHHELD	1577	23095	BONDS				PRIOR COMP TIME	0	
SICK	800		7333	HOSPITAL	45120	916					SICK TIME	0	
						5276					RESERVE SICK TIME	0	
											SWH	240	
TOTAL GROSS			73327			TOTAL TAXES, DEDUCTIONS AND REIMBURSEMENTS			9977			AMOUNT OF CHECK	
												63350	

MAIL CODE 1190 AGENCY 38 UNIT 1190

NOT NEGOTIABLE PAYROLL
DETACH AND RETAIN FOR YOUR RECORDS

F 5391

CITY OF DETROIT, FINANCE DEPARTMENT, TREASURY DIVISION

STATEMENT OF EARNINGS AND DEDUCTIONS

196890 PAYROLL B

FOR 8/25/86 TO 9/07/86

PAID 9/12/86

D 373099
ST500030

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		37			
EARNINGS			TAXES, DEDUCTIONS AND REIMBURSEMENTS									YEAR TO DATE	
KIND OF TIME	TIME	UNIT	AMOUNT	TYPE	AMOUNT	YTD	TYPE	AMOUNT	TYPE	AMOUNT	TYPE	AMOUNT	
REGULAR	7200		65994	FICA	5243	61771	BENEFIT PLAN		DEFERRED PAY PLAN		GROSS EARNINGS	86393	
OVERTIME				FEDERAL WITHHELD	1137	111893	LIFE INS.	120	SURVIVOR BENEFIT		VACATION	200	
SHIFT PREM.				MICHIGAN WITHHELD	984	35509	RET. DED.	00	CREDIT UNION		COMP TIME	0	
COLA				DETROIT WITHHELD	1577	24672	BONDS				PRIOR COMP TIME	0	
HOL	800		7333	HOSPITAL	45120	916					SICK TIME	0	
						6192					RESERVE SICK TIME	0	
											SWH	240	
TOTAL GROSS			73327			TOTAL TAXES, DEDUCTIONS AND REIMBURSEMENTS			9977			AMOUNT OF CHECK	
												63350	

MAIL CODE 1190 AGENCY 38 UNIT 1190

NOT NEGOTIABLE PAYROLL
DETACH AND RETAIN FOR YOUR RECORDS

F 5391

CITY OF DETROIT, FINANCE DEPARTMENT, TREASURY DIVISION

STATEMENT OF EARNINGS AND DEDUCTIONS

196890 PAYROLL B

FOR 9/08/86 TO 9/21/86

PAID 9/26/86

D 375909
ST500031

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		39			
EARNINGS			TAXES, DEDUCTIONS AND REIMBURSEMENTS									YEAR TO DATE	
KIND OF TIME	TIME	UNIT	AMOUNT	TYPE	AMOUNT	YTD	TYPE	AMOUNT	TYPE	AMOUNT	TYPE	AMOUNT	
REGULAR	7200		65994	FICA	5643	67414	BENEFIT PLAN		DEFERRED PAY PLAN		GROSS EARNINGS	94285	
OVERTIME				FEDERAL WITHHELD	1224	113117	LIFE INS.	120	SURVIVOR BENEFIT		VACATION	200	
SHIFT PREM.				MICHIGAN WITHHELD	1242	36751	RET. DED.	00	CREDIT UNION		COMP TIME	0	
COLA				DETROIT WITHHELD	1744	26416	BONDS				PRIOR COMP TIME	0	
ADJ	00		5594	HOSPITAL		00					SICK TIME	0	
SWH	800		7333		45120	916					RESERVE SICK TIME	0	
						7108					SWH	1600	
TOTAL GROSS			78921			TOTAL TAXES, DEDUCTIONS AND REIMBURSEMENTS			10889			AMOUNT OF CHECK	
												68032	

MAIL CODE 1190 AGENCY 38 UNIT 1190

NOT NEGOTIABLE PAYROLL
DETACH AND RETAIN FOR YOUR RECORDS

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

196890 PAYROLL B

FOR 9/22/86 TO 10/05/86

PAID 10/10/86

ST5000299

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		41		
EARNINGS			TAXES, DEDUCTIONS AND REIMBURSEMENTS									YEAR TO DATE	
KIND OF TIME	TIME	UNIT	AMOUNT	TYPE	AMOUNT	YTD	TYPE	AMOUNT	TYPE	AMOUNT	TYPE	AMOUNT	
REGULAR			7600	FICA	8818	76232	BENEFIT PLAN		DEFERRED PAY PLAN		GROSS EARNINGS	1066178	
OVERTIME				FEDERAL WITHHELD	1912	115029	LIFE INS.	120	SURVIVOR BENEFIT		VACATION	2000	
SHIFT PREM.				MICHIGAN WITHHELD	3284	40035	RET. DED.	00	CREDIT UNION		COMP TIME	00	
COLA				DETROIT WITHHELD	3077	29493	BONDS				PRIOR COMP TIME	00	
LONG SWH	00		50000	HOSPITAL		00					SICK TIME	800	
	400		3666		916	8024					RESERVE SICK TIME	00	
											SWH	1200	
TOTAL GROSS			123327			TOTAL TAXES, DEDUCTIONS AND REIMBURSEMENTS			18127			AMOUNT OF CHECK	
												105200	
MAIL CODE		1190		AGENCY		38		UNIT		1190		NOT NEGOTIABLE PAYROLL	
												DETACH AND RETAIN FOR YOUR RECORDS	

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

196890 PAYROLL B

FOR 10/06/86 TO 10/19/86

PAID 10/24/86

ST5001337

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		43		
EARNINGS			TAXES, DEDUCTIONS AND REIMBURSEMENTS									YEAR TO DATE	
KIND OF TIME	TIME	UNIT	AMOUNT	TYPE	AMOUNT	YTD	TYPE	AMOUNT	TYPE	AMOUNT	TYPE	AMOUNT	
REGULAR			8000	FICA	5243	81475	BENEFIT PLAN		DEFERRED PAY PLAN		GROSS EARNINGS	1139505	
OVERTIME				FEDERAL WITHHELD	1137	116166	LIFE INS.	120	SURVIVOR BENEFIT		VACATION	2000	
SHIFT PREM.				MICHIGAN WITHHELD	984	41019	RET. DED.	00	CREDIT UNION		COMP TIME	00	
COLA				DETROIT WITHHELD	1577	31070	BONDS		GARN	16067	PRIOR COMP TIME	00	
				HOSPITAL		00					SICK TIME	800	
					45120	916					RESERVE SICK TIME	00	
						8940					SWH	1200	
TOTAL GROSS			73327			TOTAL TAXES, DEDUCTIONS AND REIMBURSEMENTS			26044			AMOUNT OF CHECK	
												47283	
MAIL CODE		1190		AGENCY		38		UNIT		1190		NOT NEGOTIABLE PAYROLL	
												DETACH AND RETAIN FOR YOUR RECORDS	

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

196890 PAYROLL B

FOR 10/20/86 TO 11/02/86

PAID 11/07/86

ST50073523

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		45		
EARNINGS			TAXES, DEDUCTIONS AND REIMBURSEMENTS									YEAR TO DATE	
KIND OF TIME	TIME	UNIT	AMOUNT	TYPE	AMOUNT	YTD	TYPE	AMOUNT	TYPE	AMOUNT	TYPE	AMOUNT	
REGULAR			8000	FICA	5242	86717	BENEFIT PLAN		DEFERRED PAY PLAN		GROSS EARNINGS	1242822	
OVERTIME				FEDERAL WITHHELD	1137	117303	LIFE INS.	120	SURVIVOR BENEFIT		VACATION	2000	
SHIFT PREM.				MICHIGAN WITHHELD	984	42003	RET. DED.	00	CREDIT UNION		COMP TIME	00	
COLA				DETROIT WITHHELD	1577	32647	BONDS				PRIOR COMP TIME	00	
				HOSPITAL		00					SICK TIME	1600	
					45120	916					RESERVE SICK TIME	00	
						9856					SWH	1200	
TOTAL GROSS			73327			TOTAL TAXES, DEDUCTIONS AND REIMBURSEMENTS			9976			AMOUNT OF CHECK	
												63351	
MAIL CODE		1190		AGENCY		38		UNIT		1190		NOT NEGOTIABLE PAYROLL	
												DETACH AND RETAIN FOR YOUR RECORDS	



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

0904DET11/07/969117D

\$633.51 D

11881/1185/61071

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

196890 PAYROLL B

FOR 11/17/86 TO 11/30/86

PAID 12/05/86

ST5000346

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		49		
EARNINGS			TAXES, DEDUCTIONS AND REIMBURSEMENTS						YEAR TO DATE			
KIND OF TIME	TIME	UNIT	AMOUNT	TYPE	AMOUNT	YTD	TYPE	AMOUNT	TYPE	AMOUNT	TYPE	AMOUNT
REGULAR	6400		58662	FICA	5243	97203	BENEFIT PLAN		DEFERRED PAY PLAN		GROSS EARNINGS	359486
OVERTIME				FEDERAL WITHHELD	1187	119577	LIFE INS.	120	SURVIVOR BENEFIT		VACATION	2000
SHIFT PREM.				MICHIGAN WITHHELD	984	43971	RET. DED.	3666	CREDIT UNION		COMP TIME	00
COLA				DETROIT WITHHELD	1577	35801	BONDS				PRIOR COMP TIME	00
HOL	1600		14665	HOSPITAL		00					SICK TIME	800
				45120	916	11683					RESERVE SICK TIME	00
									BOND PURCHASE		SWH	1200
									BOND BALANCE			
TOTAL GROSS			73327	TOTAL TAXES, DEDUCTIONS AND REIMBURSEMENTS				13643	AMOUNT OF CHECK		59684	

MAIL 1190
CODE

AGENCY 38 UNIT 1190

NOT NEGOTIABLE PAYROLL
 DETACH AND RETAIN FOR YOUR RECORDS

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

196890 PAYROLL B

FOR 12/01/86 TO 12/14/86

PAID 12/19/86

ST5000335

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			
KIND OF TIME	TIME	UNIT	AMOUNT	TYPE	AMOUNT	YTD	TYPE	AMOUNT	TYPE	AMOUNT	TYPE	AMOUNT
REGULAR	8000		73327	FICA	5243	102446	BENEFIT PLAN		DEFERRED PAY PLAN		GROSS EARNINGS	1432813
OVERTIME				FEDERAL WITHHELD	1137	120714	LIFE INS.	120	SURVIVOR BENEFIT		VACATION	2000
SHIFT PREM.				MICHIGAN WITHHELD	984	44955	RET. DED.	3666	CREDIT UNION		COMP TIME	00
COLA				DETROIT WITHHELD	1577	37378	BONDS				PRIOR COMP TIME	00
				HOSPITAL		00					SICK TIME	1600
				45120	916	12604					RESERVE SICK TIME	00
									BOND PURCHASE		SWH	1200
									BOND BALANCE			
TOTAL GROSS			73327	TOTAL TAXES, DEDUCTIONS AND REIMBURSEMENTS				13643	AMOUNT OF CHECK		59684	

MAIL 1190
CODE

AGENCY 38 UNIT 1190

NOT NEGOTIABLE PAYROLL
 DETACH AND RETAIN FOR YOUR RECORDS

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

196890 PAYROLL B

FOR 12/12/88 TO 12/25/88

PAID 12/29/88

ST50003219

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								52		
EARNINGS			TAXES, DEDUCTIONS AND REIMBURSEMENTS						YEAR TO DATE			
KIND OF TIME	TIME	UNIT	AMOUNT	TYPE	AMOUNT	YTD	TYPE	AMOUNT	TYPE	AMOUNT	TYPE	AMOUNT
REGULAR				FICA	751	57959	BENEFIT PLAN		DEFERRED PAY PLAN		GROSS EARNINGS	77175
OVERTIME				FEDERAL WITHHELD	00	49290	LIFE INS.		SURVIVOR BENEFIT		VACATION	00
SHIFT PREM.				MICHIGAN WITHHELD	141	32051	RET. DED.		CREDIT UNION		COMP TIME	00
COLA				DETROIT WITHHELD	231	22394	BONDS				PRIOR COMP TIME	00
LONG	00		10000	HOSPITAL		00					SICK TIME	00
									BOND PURCHASE		RESERVE SICK TIME	00
									BOND BALANCE			

City of Detroit

RETIREMENT SYSTEM

510 CITY - COUNTY BUILDING
DETROIT, MICHIGAN 4822811,246.35
712.91
A11,759.26

BOARD OF TRUSTEES

EX-OFFICIO MEMBERS
COLEMAN A. YOUNG
MayorJACK KELLEY
Council Designate
VIRGINIA SIKORA
TreasurerELECTED MEMBERS
RICHARD P. FLEMING
RONALD B. GRACIA
ALEXANDER C. TOPALOV
RAYMOND WELBORNE
THOMAS ZDRODOWSKI
GEORGE A. WARRENRetirant
Appointed Member
GEORGE W. BIRAM
CitizenBella I. Marshall
SecretaryFRED MURPHY
Executive Secretary
A. S. PATEL, M.D.
Medical DirectorYOUR ACCUMULATED
CONTRIBUTIONS ON
JULY 1, 1986

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

YOUR ACCUMULATED
CONTRIBUTIONS ON
JUNE 30, 1987

CONTRIBUTIONS	INTEREST	TRANSFERS	REFUNDS
7886.49	547.99	1912.77	00
			00
			10347.25

RETIREMENT
NUMBER

SOCIAL SECURITY NUMBER

196890

373.44 9261

BARGE THOMASENA
3814 HAZELWOOD
DETROIT MI 48206CHECK ABOVE NUMBERS AND REPORT ERRORS
TO DEPARTMENT PERSONNEL OFFICE.

INTEREST RATE 7% FOR 1986-87

INTEREST INCLUDES ADDITIONAL DISTRIBUTION FOR:
FISCAL 1987 1,349.64CITY OF DETROIT, FINANCE DEPARTMENT, TREASURY DIVISION
STATEMENT OF EARNINGS AND DEDUCTIONS

196890 PAYROLL B FOR 5/16/88 TO 5/29/88 PAID 6/03/88 5833732 CK0003417

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								22		
EARNINGS				TAXES, DEDUCTIONS AND REIMBURSEMENTS						YEAR TO DATE		
KIND OF TIME	TIME	UNIT	AMOUNT	TYPE	AMOUNT	YTD	TYPE	AMOUNT	TYPE	AMOUNT	TYPE	AMOUNT
REGULAR				FICA	00	57208	BENEFIT PLAN		DEFERRED PAY PLAN		GROSS EARNINGS	761756
OVERTIME				FEDERAL WITHHELD	00	49290	LIFE INS.		SURVIVOR BENEFIT		VACATION	00
SHIFT PREM.				MICHIGAN WITHHELD	00	31910	RET. DED.		CREDIT UNION		COMP TIME	00
COLA				DETROIT WITHHELD	00	22163	BONDS	2500			PRIOR COMP TIME	00
				HOSPITAL		00					SICK TIME	00
											RESERVE SICK TIME	00
TOTAL GROSS			00	TOTAL TAXES, DEDUCTIONS AND REIMBURSEMENTS			2500		AMOUNT OF CHECK		2500	

MAIL CODE 1190 AGENCY 38 UNIT 1190

NOT NEGOTIABLE PAYROLL
DETACH AND RETAIN FOR YOUR RECORDSCITY OF DETROIT, FINANCE DEPARTMENT, TREASURY DIVISION
STATEMENT OF EARNINGS AND DEDUCTIONS

196890 PAYROLL B FOR 4/18/88 TO 5/01/88 PAID 5/06/88 D 497168 ST5000400

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				22		0015007934		18		
EARNINGS				TAXES, DEDUCTIONS AND REIMBURSEMENTS						YEAR TO DATE		
KIND OF TIME	TIME	UNIT	AMOUNT	TYPE	AMOUNT	YTD	TYPE	AMOUNT	TYPE	AMOUNT	TYPE	AMOUNT
REGULAR				FICA	2087	49834	BENEFIT PLAN		DEFERRED PAY PLAN		GROSS EARNINGS	663571
OVERTIME				FEDERAL WITHHELD	100	42655	LIFE INS.	94	SURVIVOR BENEFIT		VACATION	10400
SHIFT PREM.				MICHIGAN WITHHELD	960	27712	RET. DED.	1390	CREDIT UNION		COMP TIME	00
COLA				DETROIT WITHHELD	765	19287	BONDS	2500			PRIOR COMP TIME	00
ADJ	22000		8910	HOSPITAL		00		40840			SICK TIME	00
SICK	2000		18882		944	8496		30012			RESERVE SICK TIME	00
TOTAL GROSS			27792	TOTAL TAXES, DEDUCTIONS AND REIMBURSEMENTS			20740		AMOUNT OF CHECK		7052	

MAIL CODE 1190 AGENCY 38 UNIT 1190 Entered 09/18/14 Page 37 of 51

DETACH AND RETAIN FOR YOUR RECORDS

OK0003050

DOC. SEC. NO.			EMPLOYEE NAME				BANK		ACCOUNT			WEEK	
BARGE, THOMASENA							22		0015007934			16	
EARNINGS				TAXES, DEDUCTIONS AND REIMBURSEMENTS								YEAR TO DATE	
KIND OF TIME	TIME	UNIT	AMOUNT	TYPE	AMOUNT	YTD	TYPE	AMOUNT	TYPE	AMOUNT	TYPE	AMOUNT	
REGULAR	7200		67974	FICA	5672	47747	BENEFIT PLAN		DEFERRED PAY PLAN		GROSS EARNINGS	635779	
OVERTIME				FEDERAL WITHHELD	5104	42655	LIFE INS.	94	SURVIVOR BENEFIT			00	
SHIFT PREM.				MICHIGAN WITHHELD	3156	26752	RET. OED.	3776	CREDIT UNION		VACATION	10400	
COLA				DETROIT WITHHELD	2197	18522	BONDS	2500			COMP TIME	00	
SICK	800		7552	HOSPITAL		00	40840	2000			PRIOR COMP TIME	00	
				45120	944	7552	30012	10000			SICK TIME	00	
									BOND PURCHASE BOND BALANCE	2500	RESERVE SICK TIME	1200	
TOTAL GROSS				TOTAL TAXES, DEDUCTIONS AND REIMBURSEMENTS				35443		AMOUNT OF CHECK		40083	
1190				38				1190		PAYROLL			
MAIL CODE				AGENCY				UNIT					
NOT NEGOTIABLE													
DETACH AND RETAIN FOR YOUR RECORDS													

EX-603059

SOC. SEC. NO.		EMPLOYEE NAME				DANK		ACCOUNT		WEEK		
[REDACTED]		BARGE, THOMASENA								14		
EARNINGS				TAXES, DEDUCTIONS AND REIMBURSEMENTS						YEAR TO DATE		
KIND OF TIME	TIME	UNIT	AMOUNT	TYPE	AMOUNT	YTD	TYPE	AMOUNT	TYPE	AMOUNT	TYPE	AMOUNT
REGULAR	6800		64198	FICA	5672	42075	BENEFIT PLAN		DEFERRED PAY PLAN		GROSS EARNINGS	560253
OVERTIME				FEDERAL WITHHELD	5104	37551	LIFE INS.	94	SURVIVOR BENEFIT			00
SHIFT PREM.				MICHIGAN WITHHELD	3156	23596	RET. RED.	3776	CREDIT UNION		VACATION	1600
COLA				DETROIT WITHHELD	2197	16325	BONDS				CUMP TIME	00
SICK	800		7553	HOSPITAL		00	40840	2000			PRIOR COMP TIME	00
HOL	400		3776	45120	944	6608	30012	10000			SICK TIME	400
											RESERVE SICK TIME	1600
									BOND PURCHASE BOND BALANCE			
TOTAL GROSS			75527	TOTAL TAXES, DEDUCTIONS AND REIMBURSEMENTS				32943	AMOUNT OF CHECK		42584	
MAIL CODE		1190	AGENCY		38	UNIT		1190	NOT NEGOTIABLE PAYROLL			
DETACH AND RETAIN FOR YOUR RECORDS												

UK0003040

SOC. SEC. NO.		EMPLOYEE NAME				BANK		ACCOUNT		WEEK		
[REDACTED]		BARGE, THOMASENA								12		
EARNINGS				TAXES, DEDUCTIONS AND REIMBURSEMENTS						YEAR TO DATE		
KIND OF TIME	TIME	UNIT	AMOUNT	TYPE	AMOUNT	YTD	TYPE	AMOUNT	TYPE	AMOUNT	TYPE	AMOUNT
REGULAR	8000		75527	FICA	5672	36403	BENEFIT PLAN		DEFERRED PAY PLAN		GROSS EARNINGS	484726
OVERTIME				FEDERAL WITHHELD	5104	32447	LIFE INS.	94	SURVIVOR BENEFIT			00
SHIFT PREM.				MICHIGAN WITHHELD	3156	20440	NET. DEO.	3776	CREDIT UNION		VACATION	1600
COLA				DETROIT WITHHELD	2197	14128	BONDS				COMP TIME	00
				HOSPITAL		00		40840			PRIOR COMP TIME	00
					45120	944		30012			SICK TIME	400
						5664		10000			RESERVE SICK TIME	1600
									BOND PURCHASE BOND BALANCE			
TOTAL			75527	TOTAL TAXES, DEDUCTIONS			AMOUNT					
1958846-swr			75527	1958846-swr			32447			42584		

Page 38 of 51

96890 PAYROLL B

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

FOR 2/08/88 TO 2/21/88

PAID 2/26/88

5653689 CK0003020

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								08			
EARNINGS			TAXES, DEDUCTIONS AND REIMBURSEMENTS						YEAR TO DATE				
KIND OF TIME	TIME	UNIT	AMOUNT	TYPE	AMOUNT	YTD	TYPE	AMOUNT	TYPE	AMOUNT	TYPE	AMOUNT	
REGULAR	7200		67974	FICA	5389	25059	BENEFIT PLAN		DEFERRED PAY PLAN		GROSS EARNINGS	333677	
OVERTIME				FEDERAL WITHHELD	4538	22239	LIFE INS.	94	SURVIVOR BENEFIT		VACATION	2400	
SHIFT PREM.				MICHIGAN WITHHELD	2982	14128	RET. DED.	3388	CREDIT UNION		COMP TIME	00	
COLA				DETROIT WITHHELD	2083	9734	BONDS				PRIOR COMP TIME	00	
SICK	400		3776	HOSPITAL	45120	944	40840	2000			SICK TIME	400	
						3776	30012	10000			RESERVE SICK TIME	1600	
TOTAL GROSS			71750	TOTAL TAXES, DEDUCTIONS AND REIMBURSEMENTS					31618	AMOUNT OF CHECK			40132
MAIL CODE 1190			AGENCY 38	UNIT 1190			NOT NEGOTIABLE PAYROLL						

DETACH AND RETAIN FOR YOUR RECORDS

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

196890 PAYROLL B

FOR 1/25/88 TO 2/07/88

PAID 2/12/88

5628789 CK0003054

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								06			
EARNINGS			TAXES, DEDUCTIONS AND REIMBURSEMENTS						YEAR TO DATE				
KIND OF TIME	TIME	UNIT	AMOUNT	TYPE	AMOUNT	YTD	TYPE	AMOUNT	TYPE	AMOUNT	TYPE	AMOUNT	
REGULAR	8000		75527	FICA	6824	19670	BENEFIT PLAN		DEFERRED PAY PLAN		GROSS EARNINGS	261921	
OVERTIME				FEDERAL WITHHELD	6141	17701	LIFE INS.	94	SURVIVOR BENEFIT		VACATION	2400	
SHIFT PREM.				MICHIGAN WITHHELD	3861	11146	RET. DED.	4543	CREDIT UNION		COMP TIME	00	
COLA				DETROIT WITHHELD	2657	7651	BONDS				PRIOR COMP TIME	00	
ADJ	20400		15340	HOSPITAL	45120	944	40840	2000			SICK TIME	800	
						2832	30012	10000			RESERVE SICK TIME	1600	
TOTAL GROSS			90867	TOTAL TAXES, DEDUCTIONS AND REIMBURSEMENTS					37064	AMOUNT OF CHECK			53803
MAIL CODE 1190			AGENCY 38	UNIT 1190			NOT NEGOTIABLE PAYROLL						

DETACH AND RETAIN FOR YOUR RECORDS

CITY OF DETROIT, FINANCE DEPARTMENT, TREASURY DIVISION

STATEMENT OF EARNINGS AND DEDUCTIONS

196890 PAYROLL B

FOR 1/11/88 TO 1/24/88

PAID 1/29/88

5603836 CK0003076

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								04			
EARNINGS			TAXES, DEDUCTIONS AND REIMBURSEMENTS						YEAR TO DATE				
KIND OF TIME	TIME	UNIT	AMOUNT	TYPE	AMOUNT	YTD	TYPE	AMOUNT	TYPE	AMOUNT	TYPE	AMOUNT	
REGULAR	7200		67974	FICA	5672	12846	BENEFIT PLAN		DEFERRED PAY PLAN		GROSS EARNINGS	171054	
OVERTIME				FEDERAL WITHHELD	5104	11560	LIFE INS.	94	SURVIVOR BENEFIT		VACATION	2400	
SHIFT PREM.				MICHIGAN WITHHELD	3156	7285	RET. DED.	3776	CREDIT UNION		COMP TIME	00	
COLA				DETROIT WITHHELD	2197	4994	BONDS				PRIOR COMP TIME	00	
HOL	800		7553	HOSPITAL	45120	944	40840	2000			SICK TIME	00	
						1888	30012	10000			RESERVE SICK TIME	1600	
TOTAL GROSS			75527	TOTAL TAXES, DEDUCTIONS AND REIMBURSEMENTS					32943	AMOUNT OF CHECK			42584
MAIL CODE 1190			AGENCY 38	UNIT 1190			NOT NEGOTIABLE PAYROLL						

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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								02		
EARNINGS			TAXES, DEDUCTIONS AND REIMBURSEMENTS								YEAR TO DATE	
KIND OF TIME	TIME	UNIT	AMOUNT	TYPE	AMOUNT	YTD	TYPE	AMOUNT	TYPE	AMOUNT	TYPE	AMOUNT
REGULAR	2400		22658	FICA	7174	7174	BENEFIT PLAN		DEFERRED PAY PLAN		GROSS EARNINGS	95527
OVERTIME				FEDERAL WITHHELD	6456	6456	LIFE INS.	94	SURVIVOR BENEFIT		VACATION	2400
SHIFT PREM.				MICHIGAN WITHHELD	4129	4129	RET. DED.	3776	CREDIT UNION		COMP TIME	00
COLA				DETROIT WITHHELD	2797	2797	BONDS				PRIOR COMP TIME	00
LONG	00		20000	HOSPITAL		00		40840			SICK TIME	00
SICK	1600		15106		944	944		30012			RESERVE SICK TIME	1600
VAC	2400		22658					10000				
HOL	1600		15105									
TOTAL GROSS			95527	TOTAL TAXES, DEDUCTIONS AND REIMBURSEMENTS				37370	AMOUNT OF CHECK		58157	
MAIL CODE 1190		AGENCY 38		UNIT 1190		NOT NEGOTIABLE PAYROLL						
DETACH AND RETAIN FOR YOUR RECORDS												

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								53		
EARNINGS			TAXES, DEDUCTIONS AND REIMBURSEMENTS								YEAR TO DATE	
KIND OF TIME	TIME	UNIT	AMOUNT	TYPE	AMOUNT	YTD	TYPE	AMOUNT	TYPE	AMOUNT	TYPE	AMOUNT
REGULAR	2400		24464	FICA	5529	145212	BENEFIT PLAN		DEFERRED PAY PLAN		GROSS EARNINGS	2030944
OVERTIME				FEDERAL WITHHELD	5468	149559	LIFE INS.	94	SURVIVOR BENEFIT		VACATION	4800
SHIFT PREM.				MICHIGAN WITHHELD	3292	83875	RET. DED.	3867	CREDIT UNION		COMP TIME	00
COLA				DETROIT WITHHELD	2251	58444	BONDS				PRIOR COMP TIME	00
SICK	1600		15105	HOSPITAL		00		40840			SICK TIME	00
SWH	2400		22658		944	24180		38011			RESERVE SICK TIME	2400
HOL	1600		15105					30012				
TOTAL GROSS			77332	TOTAL TAXES, DEDUCTIONS AND REIMBURSEMENTS				68045	AMOUNT OF CHECK		9287	
MAIL CODE 1190		AGENCY 38		UNIT 1190		NOT NEGOTIABLE PAYROLL						
DETACH AND RETAIN FOR YOUR RECORDS												

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		03		
EARNINGS			TAXES, DEDUCTIONS AND REIMBURSEMENTS								YEAR TO DATE	
KIND OF TIME	TIME	UNIT	AMOUNT	TYPE	AMOUNT	YTD	TYPE	AMOUNT	TYPE	AMOUNT	TYPE	AMOUNT
REGULAR	4000		36663	FICA	5243	10224	BENEFIT PLAN		DEFERRED PAY PLAN		GROSS EARNINGS	142987
OVERTIME				FEDERAL WITHHELD	9252	9252	LIFE INS.	120	SURVIVOR BENEFIT		VACATION	00
SHIFT PREM.				MICHIGAN WITHHELD	3108	3924	RET. DED.	3666	CREDIT UNION		COMP TIME	00
COLA				DETROIT WITHHELD	2131	3598	BONDS				PRIOR COMP TIME	00
SWH	400		3666	HOSPITAL		00		38011			SICK TIME	1600
VAC	2000		18332		916	916					RESERVE SICK TIME	00
HOL	1600		14665									
TOTAL GROSS			73326	TOTAL TAXES, DEDUCTIONS AND REIMBURSEMENTS				28942	AMOUNT OF CHECK		44384	

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						101172799		01		
EARNINGS			TAXES, DEDUCTIONS AND REIMBURSEMENTS						YEAR TO DATE			
KIND OF TIME	TIME	UNIT	AMOUNT	TYPE	AMOUNT	YTD	TYPE	AMOUNT	TYPE	AMOUNT	TYPE	AMOUNT
REGULAR	4400		40330	FICA	4981	4981	BENEFIT PLAN		DEFERRED PAY PLAN		GROSS EARNINGS	6966
OVERTIME				FEDERAL WITHHELD	00	00	LIFE INS.	128	SURVIVOR BENEFIT			
SHIFT PREM.				MICHIGAN WITHHELD	816	116	RET. DED.	5483	CREDIT UNION		VACATION	2000
COLA				DETROIT WITHHELD	1467	1467	BONDS				COMP TIME	100
SICK	800		7333	HOSPITAL		00		3801			PRIOR COMP TIME	100
SWH	800		7333			00					SICK TIME	1600
HOL	1600		14665								RESERVE SICK TIME	100
									BOND PURCHASE		SWH	400
									BOND BALANCE			
TOTAL GROSS			69661	TOTAL TAXES, DEDUCTIONS AND REIMBURSEMENTS				69661	AMOUNT OF CHECK		100	

MAIL CODE 1190 AGENCY 38 UNIT 1190
 NOT NEGOTIABLE PAYROLL
 DETACH AND RETAIN FOR YOUR RECORDS

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								51		
EARNINGS			TAXES, DEDUCTIONS AND REIMBURSEMENTS						YEAR TO DATE			
KIND OF TIME	TIME	UNIT	AMOUNT	TYPE	AMOUNT	YTD	TYPE	AMOUNT	TYPE	AMOUNT	TYPE	AMOUNT
REGULAR	7600		71751	FICA	5400	139683	BENEFIT PLAN		DEFERRED PAY PLAN		GROSS EARNINGS	1953612
OVERTIME				FEDERAL WITHHELD	5197	144091	LIFE INS.	94	SURVIVOR BENEFIT			
SHIFT PREM.				MICHIGAN WITHHELD	3209	80583	RET. DED.	3776	CREDIT UNION		VACATION	4800
COLA				DETROIT WITHHELD	2197	56193	BONDS				COMP TIME	100
SWH	400		3776	HOSPITAL		00		30012	10000		PRIOR COMP TIME	100
					45120	944	23236				SICK TIME	1600
											RESERVE SICK TIME	2400
											SWH	2400
									BOND PURCHASE			
									BOND BALANCE			
TOTAL GROSS			75527	TOTAL TAXES, DEDUCTIONS AND REIMBURSEMENTS				30817	AMOUNT OF CHECK		44710	

MAIL CODE 1190 AGENCY 38 UNIT 1190
 NOT NEGOTIABLE PAYROLL
 DETACH AND RETAIN FOR YOUR RECORDS

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								49		
EARNINGS			TAXES, DEDUCTIONS AND REIMBURSEMENTS						YEAR TO DATE			
KIND OF TIME	TIME	UNIT	AMOUNT	TYPE	AMOUNT	YTD	TYPE	AMOUNT	TYPE	AMOUNT	TYPE	AMOUNT
REGULAR	5600		52869	FICA	5400	134283	BENEFIT PLAN		DEFERRED PAY PLAN		GROSS EARNINGS	1878089
OVERTIME				FEDERAL WITHHELD	5197	138894	LIFE INS.	94	SURVIVOR BENEFIT			
SHIFT PREM.				MICHIGAN WITHHELD	3209	77374	RET. DED.	3776	CREDIT UNION		VACATION	4800
COLA				DETROIT WITHHELD	2197	53996	BONDS				COMP TIME	100
SICK	800		7553	HOSPITAL		00		30012	10000		PRIOR COMP TIME	100
HOL	1600		15105		45120	944	22292				SICK TIME	800
											RESERVE SICK TIME	2400
											SWH	2800
									BOND PURCHASE			
									BOND BALANCE			
TOTAL GROSS			75527	TOTAL TAXES, DEDUCTIONS AND REIMBURSEMENTS				30817	AMOUNT OF CHECK		44710	

MAIL CODE 1190 AGENCY 38 UNIT 1190
 NOT NEGOTIABLE PAYROLL
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196890 PAYROLL 8

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

FOR 10/05/87 TO 10/18/87

PAID

10/23/87

5408413 CK0003217

SOC. SEC. NO.		EMPLOYEE NAME				BANK		ACCOUNT		WEEK			
		BARGE, THOMASENA								43			
EARNINGS			TAXES, DEDUCTIONS AND REIMBURSEMENTS									YEAR TO DATE	
KIND OF TIME	TIME	UNIT	AMOUNT	TYPE	AMOUNT	YTD	TYPE	AMOUNT	TYPE	AMOUNT	TYPE	AMOUNT	
REGULAR	8000		75527	FICA	5400	117010	BENEFIT PLAN		DEFERRED PAY PLAN		GROSS EARNINGS	1636504	
OVERTIME				FEDERAL WITHHELD	5197	123303	LIFE INS.	107	SURVIVOR BENEFIT		VACATION	4800	
SHIFT PREM.				MICHIGAN WITHHELD	3209	67322	NET DED.	3776	CREDIT UNION		COMP TIME	00	
COLA				DETROIT WITHHELD	2197	47024	BONDS	30012			PRIOR COMP TIME	00	
				HOSPITAL	45120	944		10000			SICK TIME	2400	
						19460					RESERVE SICK TIME	2400	
											SWH	2800	
TOTAL GROSS			75527	TOTAL TAXES, DEDUCTIONS AND REIMBURSEMENTS				30830	AMOUNT OF CHECK		44697		
MAIL CODE		1190	AGENCY		38	UNIT		1190					

NOT NEGOTIABLE PAYROLL
DETACH AND RETAIN FOR YOUR RECORDSCITY OF DETROIT, FINANCE DEPARTMENT, TREASURY DIVISION
STATEMENT OF EARNINGS AND DEDUCTIONS
196890 PAYROLL 8 FOR 9/21/87 TO 10/04/87 PAID 10/09/87 5383157 CK000322

SOC. SEC. NO.		EMPLOYEE NAME				BANK		ACCOUNT		WEEK			
		BARGE, THOMASENA								41			
EARNINGS			TAXES, DEDUCTIONS AND REIMBURSEMENTS									YEAR TO DATE	
KIND OF TIME	TIME	UNIT	AMOUNT	TYPE	AMOUNT	YTD	TYPE	AMOUNT	TYPE	AMOUNT	TYPE	AMOUNT	
REGULAR	7200		67974	FICA	5400	111610	BENEFIT PLAN		DEFERRED PAY PLAN		GROSS EARNINGS	156097	
OVERTIME				FEDERAL WITHHELD	5197	118106	LIFE INS.	107	SURVIVOR BENEFIT		VACATION	480	
SHIFT PREM.				MICHIGAN WITHHELD	3209	64113	NET DED.	3776	CREDIT UNION		COMP TIME	0	
COLA				DETROIT WITHHELD	2197	44827	BONDS	30012			PRIOR COMP TIME	0	
SICK	800		7553	HOSPITAL	45120	944		10000			SICK TIME	240	
						18516					RESERVE SICK TIME	240	
											SWH	280	
TOTAL GROSS			75527	TOTAL TAXES, DEDUCTIONS AND REIMBURSEMENTS				30830	AMOUNT OF CHECK		44697		
MAIL CODE		1190	AGENCY		38	UNIT		1190					

NOT NEGOTIABLE PAYROLL
DETACH AND RETAIN FOR YOUR RECORDSCITY OF DETROIT, FINANCE DEPARTMENT, TREASURY DIVISION
STATEMENT OF EARNINGS AND DEDUCTIONS
196890 PAYROLL 8 FOR 9/07/87 TO 9/20/87 PAID 9/25/87 5357300 CK0003243

SOC. SEC. NO.		EMPLOYEE NAME				BANK		ACCOUNT		WEEK			
		BARGE, THOMASENA								39			
EARNINGS			TAXES, DEDUCTIONS AND REIMBURSEMENTS									YEAR TO DATE	
KIND OF TIME	TIME	UNIT	AMOUNT	TYPE	AMOUNT	YTD	TYPE	AMOUNT	TYPE	AMOUNT	TYPE	AMOUNT	
REGULAR	6400		60422	FICA	5536	106210	BENEFIT PLAN		DEFERRED PAY PLAN		GROSS EARNINGS	1485450	
OVERTIME				FEDERAL WITHHELD	5327	112909	LIFE INS.	107	SURVIVOR BENEFIT		VACATION	4800	
SHIFT PREM.				MICHIGAN WITHHELD	3296	60904	NET DED.	3871	CREDIT UNION		COMP TIME	00	
COLA				DETROIT WITHHELD	2253	42630	BONDS	30012			PRIOR COMP TIME	00	
ADJ	200		1888	HOSPITAL	45120	944		10000			SICK TIME	2400	
SICK	800		7553			17572					RESERVE SICK TIME	2400	
HOL	800		7553								SWH	2800	
TOTAL GROSS			77416	TOTAL TAXES, DEDUCTIONS AND REIMBURSEMENTS				31334	AMOUNT OF CHECK		46082		
MAIL CODE		1190	AGENCY		38	UNIT		1190					

NOT NEGOTIABLE PAYROLL
DETACH AND RETAIN FOR YOUR RECORDS

196890 PAYROLL B

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

FOR 8/24/87 TO 9/06/87

PAID

8/11/87

5330452 CK0003622

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									37	
EARNINGS				TAXES, DEDUCTIONS AND REIMBURSEMENTS						YEAR TO DATE		
KIND OF TIME	TIME	UNIT	AMOUNT	TYPE	AMOUNT	YTD	TYPE	AMOUNT	TYPE	AMOUNT	TYPE	AMOUNT
REGULAR	7400		69862	FICA	5265	100674	BENEFIT PLAN		DEFERRED PAY PLAN		GROSS EARNINGS	1408034
OVERTIME				FEDERAL WITHHELD	4914	107582	LIFE INS.	107	SURVIVOR BENEFIT			00
SHIFT PREM.				MICHIGAN WITHHELD	3122	57608	RET. DED.	3682	CREDIT UNION	5000	VACATION	4800
COLA				DETROIT WITHHELD	2140	40377	BONDS				COMP TIME	00
SWH	400		3776	HOSPITAL		00	30012	5000			PRIOR COMP TIME	00
					45120	944					SICK TIME	3200
						16628					RESERVE SICK TIME	2400
											SWH	2800
TOTAL GROSS			73638	TOTAL TAXES, DEDUCTIONS AND REIMBURSEMENTS				30174	AMOUNT OF CHECK =		43464	

MAIL 1190
CODE

AGENCY

38

UNIT

1190

NOT NEGOTIABLE PAYROLL
DETACH AND RETAIN FOR YOUR RECORDSCITY OF DETROIT, FINANCE DEPARTMENT, TREASURY DIVISION
STATEMENT OF EARNINGS AND DEDUCTIONS

196890 PAYROLL B

FOR 8/10/87 TO 8/23/87

PAID

8/28/87

5303767 CK0003460

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									35	
EARNINGS				TAXES, DEDUCTIONS AND REIMBURSEMENTS						YEAR TO DATE		
KIND OF TIME	TIME	UNIT	AMOUNT	TYPE	AMOUNT	YTD	TYPE	AMOUNT	TYPE	AMOUNT	TYPE	AMOUNT
REGULAR	7200		67974	FICA	5400	95409	BENEFIT PLAN		DEFERRED PAY PLAN		GROSS EARNINGS	1334396
OVERTIME				FEDERAL WITHHELD	5197	102668	LIFE INS.	107	SURVIVOR BENEFIT			00
SHIFT PREM.				MICHIGAN WITHHELD	3209	54486	RET. DED.	3776	CREDIT UNION	5000	VACATION	4800
COLA				DETROIT WITHHELD	2197	38237	BONDS		GARN	13910	COMP TIME	00
COMP	800		7553	HOSPITAL		00	30012	5000			PRIOR COMP TIME	00
					45120	944					SICK TIME	2400
						15684					RESERVE SICK TIME	2400
											SWH	3200
TOTAL GROSS			75527	TOTAL TAXES, DEDUCTIONS AND REIMBURSEMENTS				44740	AMOUNT OF CHECK		30787	

MAIL 1190
CODE

AGENCY

38

UNIT

1190

NOT NEGOTIABLE PAYROLL
DETACH AND RETAIN FOR YOUR RECORDSCITY OF DETROIT, FINANCE DEPARTMENT, TREASURY DIVISION
STATEMENT OF EARNINGS AND DEDUCTIONS

196890 PAYROLL B

FOR 7/27/87 TO 8/09/87

PAID

8/14/87

5276720 CK0003536

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									33	
EARNINGS				TAXES, DEDUCTIONS AND REIMBURSEMENTS						YEAR TO DATE		
KIND OF TIME	TIME	UNIT	AMOUNT	TYPE	AMOUNT	YTD	TYPE	AMOUNT	TYPE	AMOUNT	TYPE	AMOUNT
REGULAR	8000		75527	FICA	5400	90009	BENEFIT PLAN		DEFERRED PAY PLAN		GROSS EARNINGS	1258869
OVERTIME				FEDERAL WITHHELD	5197	97471	LIFE INS.	107	SURVIVOR BENEFIT			00
SHIFT PREM.				MICHIGAN WITHHELD	3209	51277	RET. DED.	3776	CREDIT UNION	5000	VACATION	4800
COLA				DETROIT WITHHELD	2197	36040	BONDS				COMP TIME	800
				HOSPITAL		00	30012	5000			PRIOR COMP TIME	800
					45120	944					SICK TIME	2400
						14740					RESERVE SICK TIME	2400
											SWH	3200
TOTAL GROSS			75527	TOTAL TAXES, DEDUCTIONS AND REIMBURSEMENTS				30830	AMOUNT OF CHECK		44697	

MAIL 1190

AGENCY

38

UNIT

1190

NOT NEGOTIABLE PAYROLL
DETACH AND RETAIN FOR YOUR RECORDS

13-53846-sw

Doc 7581

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Entered 09/19/14

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

196890 PAYROLL B FOR 7/13/87 TO 7/26/87 PAID 7/31/87 5249583 CK0003476

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								31		
EARNINGS			TAXES, DEDUCTIONS AND REIMBURSEMENTS						YEAR TO DATE			
KIND OF TIME	TIME	UNIT	AMOUNT	TYPE	AMOUNT	YTD	TYPE	AMOUNT	TYPE	AMOUNT	TYPE	AMOUNT
REGULAR	8000		75527	FICA	5400	84609	BENEFIT PLAN		DEFERRED PAY PLAN		GROSS EARNINGS	1183342
OVERTIME				FEDERAL WITHHELD	5197	92274	LIFE INS.	120	SURVIVOR BENEFIT			00
SHIFT PREM.				MICHIGAN WITHHELD	3209	48068	RET. DEO.	3776	CREDIT UNION	5000	VACATION	4800
COLA				DETROIT WITHHELD	2197	33843	BONDS				COMP TIME	800
				HOSPITAL		00	30012	5000			PRIOR COMP TIME	800
					45120	944					SICK TIME	1600
						13796					RESERVE SICK TIME	2400
											BOND PURCHASE BOND BALANCE	3200
TOTAL GROSS			75527	TOTAL TAXES, DEDUCTIONS AND REIMBURSEMENTS				30843	AMOUNT OF CHECK		44684	

MAIL 1190 AGENCY 38 UNIT 1190

NOT NEGOTIABLE PAYROLL
DETACH AND RETAIN FOR YOUR RECORDS

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

196890 PAYROLL B FOR 6/29/87 TO 7/12/87 PAID 7/17/87 5222780 CK0003433

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								29		
EARNINGS			TAXES, DEDUCTIONS AND REIMBURSEMENTS						YEAR TO DATE			
KIND OF TIME	TIME	UNIT	AMOUNT	TYPE	AMOUNT	YTD	TYPE	AMOUNT	TYPE	AMOUNT	TYPE	AMOUNT
REGULAR	7200		67534	FICA	5369	79209	BENEFIT PLAN		DEFERRED PAY PLAN		GROSS EARNINGS	1107815
OVERTIME				FEDERAL WITHHELD	5131	87077	LIFE INS.	120	SURVIVOR BENEFIT			00
SHIFT PREM.				MICHIGAN WITHHELD	3189	44859	RET. DEO.	3754	CREDIT UNION	5000	VACATION	5600
COLA				DETROIT WITHHELD	2183	31646	BONDS				COMP TIME	00
HOL	800		7553	HOSPITAL		00	30012	5000			PRIOR COMP TIME	00
					45120	944					SICK TIME	1600
						12852					RESERVE SICK TIME	2400
											BOND PURCHASE BOND BALANCE	3200
TOTAL GROSS			75087	TOTAL TAXES, DEDUCTIONS AND REIMBURSEMENTS				30690	AMOUNT OF CHECK		44397	

MAIL 1190 AGENCY 38 UNIT 1190

NOT NEGOTIABLE PAYROLL
DETACH AND RETAIN FOR YOUR RECORDS

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

196890 PAYROLL B FOR 6/15/87 TO 6/28/87 PAID 7/02/87 5194615 CK0003643

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								27		
EARNINGS			TAXES, DEDUCTIONS AND REIMBURSEMENTS						YEAR TO DATE			
KIND OF TIME	TIME	UNIT	AMOUNT	TYPE	AMOUNT	YTD	TYPE	AMOUNT	TYPE	AMOUNT	TYPE	AMOUNT
REGULAR	6400		58662	FICA	5243	73840	BENEFIT PLAN		DEFERRED PAY PLAN		GROSS EARNINGS	1032728
OVERTIME				FEDERAL WITHHELD	4867	81946	LIFE INS.	120	SURVIVOR BENEFIT			00
SHIFT PREM.				MICHIGAN WITHHELD	3108	41670	RET. DEO.	3666	CREDIT UNION	5000	VACATION	5600
COLA				DETROIT WITHHELD	2131	29463	BONDS				COMP TIME	00
SICK	800		7333	HOSPITAL		00	30012	5000	GARN	12004	PRIOR COMP TIME	00
VAC	800		7333		45120	916					SICK TIME	800
						11908					RESERVE SICK TIME	00
											BOND PURCHASE BOND BALANCE	
TOTAL GROSS			73328	TOTAL TAXES, DEDUCTIONS AND REIMBURSEMENTS				42055	AMOUNT OF CHECK		31273	

CITY OF DETROIT, FINANCE DEPARTMENT, TREASURY DIVISION
STATEMENT OF EARNINGS AND DEDUCTIONS
196890 PAYROLL B FOR 6/01/87 TO 6/14/87 PAID 6/19/87 5156408 CK0003292

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			
[REDACTED]		BARGE, THOMASENA								25			
EARNINGS				TAXES, DEDUCTIONS AND REIMBURSEMENTS						YEAR TO DATE			
KIND OF TIME	TIME	UNIT	AMOUNT	TYPE	AMOUNT	YTD	TYPE	AMOUNT	TYPE	AMOUNT	TYPE	AMOUNT	
REGULAR	7200		65994	FICA	5243	68597	BENEFIT PLAN		DEFERRED PAY PLAN		GROSS EARNINGS	959400	
OVERTIME				FEDERAL WITHHELD	4867	77079	LIFE INS.	120	SURVIVOR BENEFIT			00	
SHIFT PREM.				MICHIGAN WITHHELD	3108	38562	RET. DEO.	3666	CREDIT UNION	5000	VACATION	6400	
COLA				DETROIT WITHHELD	2131	27332	BONDS				COMP TIME	00	
SICK	800		7333	HOSPITAL		00		30012		5000	PRIOR COMP TIME	00	
					45120	916					SICK TIME	1600	
						10992					RESERVE SICK TIME	00	
TOTAL GROSS				TOTAL TAXES, DEDUCTIONS AND REIMBURSEMENTS						AMOUNT OF CHECK		43276	
73327				30051									

MAIL 1190 AGENCY 38 UNIT 1190 NOT NEGOTIABLE PAYROLL
CODE DETACH AND RETAIN FOR YOUR RECORDS

CITY OF DETROIT, FINANCE DEPARTMENT, TREASURY DIVISION
STATEMENT OF EARNINGS AND DEDUCTIONS
196890 PAYROLL B FOR 5/18/87 TO 5/31/87 PAID 6/05/87 5129924 CK0003367

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			
[REDACTED]		BARGE, THOMASENA								23			
EARNINGS				TAXES, DEDUCTIONS AND REIMBURSEMENTS						YEAR TO DATE			
KIND OF TIME	TIME	UNIT	AMOUNT	TYPE	AMOUNT	YTD	TYPE	AMOUNT	TYPE	AMOUNT	TYPE	AMOUNT	
REGULAR	7200		65994	FICA	5243	63354	BENEFIT PLAN		DEFERRED PAY PLAN		GROSS EARNINGS	886073	
OVERTIME				FEDERAL WITHHELD	4867	72212	LIFE INS.	120	SURVIVOR BENEFIT			00	
SHIFT PREM.				MICHIGAN WITHHELD	3108	35454	RET. DEO.	3666	CREDIT UNION		VACATION	6400	
COLA				DETROIT WITHHELD	2131	25201	BONDS				COMP TIME	00	
HOL	800		7333	HOSPITAL		00					PRIOR COMP TIME	00	
					45120	916					SICK TIME	1600	
						10076					RESERVE SICK TIME	00	
TOTAL GROSS				TOTAL TAXES, DEDUCTIONS AND REIMBURSEMENTS						AMOUNT OF CHECK		53276	
73327				20051									

MAIL 1190 AGENCY 38 UNIT 1190 NOT NEGOTIABLE PAYROLL
CODE DETACH AND RETAIN FOR YOUR RECORDS

F 5391 CITY OF DETROIT, FINANCE DEPARTMENT, TREASURY DIVISION
STATEMENT OF EARNINGS AND DEDUCTIONS
196890 PAYROLL B FOR 5/04/87 TO 5/17/87 PAID 5/22/87 421929 ST5000346

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			
[REDACTED]		BARGE, THOMASENA				01		101172799		21			
EARNINGS				TAXES, DEDUCTIONS AND REIMBURSEMENTS						YEAR TO DATE			
KIND OF TIME	TIME	UNIT	AMOUNT	TYPE	AMOUNT	YTD	TYPE	AMOUNT	TYPE	AMOUNT	TYPE	AMOUNT	
REGULAR	4000		36663	FICA	5242	58111	BENEFIT PLAN		DEFERRED PAY PLAN		GROSS EARNINGS	812746	
OVERTIME				FEDERAL WITHHELD	4867	67345	LIFE INS.	120	SURVIVOR BENEFIT			00	
SHIFT PREM.				MICHIGAN WITHHELD	3108	32346	RET. DEO.	3666	CREDIT UNION		VACATION	4400	
COLA				DETROIT WITHHELD	2131	23070	BONDS				COMP TIME	00	
VAC	4000		36663	HOSPITAL		00		38011		53200	PRIOR COMP TIME	00	
					45120	916					SICK TIME	1600	
						9160					RESERVE SICK TIME	00	
TOTAL GROSS				TOTAL TAXES, DEDUCTIONS AND REIMBURSEMENTS						AMOUNT OF CHECK		76	
73326				73250									

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MAIL 1190 AGENCY 38 UNIT 1190 NOT NEGOTIABLE PAYROLL

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		
[REDACTED]		BARGE, THOMASENA				01		101172799		19		
EARNINGS			TAXES, DEDUCTIONS AND REIMBURSEMENTS							YEAR TO DATE		
KIND OF TIME	TIME	UNIT	AMOUNT	TYPE	AMOUNT	YTD	TYPE	AMOUNT	TYPE	AMOUNT	TYPE	AMOUNT
REGULAR	7200		65994	FICA	5243	52869	BENEFIT PLAN		DEFERRED PAY PLAN		GROSS EARNINGS	739420
OVERTIME				FEDERAL WITHHELD	4867	62478	LIFE INS.	120	SURVIVOR BENEFIT		VACATION	8400
SHIFT PREM.				MICHIGAN WITHHELD	3108	29238	RET. DED.	3666	CREDIT UNION		COMP TIME	00
COLA				DETROIT WITHHELD	2131	20939	BONDS				PRIOR COMP TIME	00
SICK	800		7333	HOSPITAL	45120	916					SICK TIME	1600
						8244					RESERVE SICK TIME	00
TOTAL GROSS			73327	TOTAL TAXES, DEDUCTIONS AND REIMBURSEMENTS				20051	AMOUNT OF CHECK		53276	
MAIL CODE 1190		AGENCY 38		UNIT 1190		NOT NEGOTIABLE PAYROLL DETACH AND RETAIN FOR YOUR RECORDS						

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		
[REDACTED]		BARGE, THOMASENA				01		101172799		17		
EARNINGS			TAXES, DEDUCTIONS AND REIMBURSEMENTS							YEAR TO DATE		
KIND OF TIME	TIME	UNIT	AMOUNT	TYPE	AMOUNT	YTD	TYPE	AMOUNT	TYPE	AMOUNT	TYPE	AMOUNT
REGULAR	7600		69661	FICA	5243	47626	BENEFIT PLAN		DEFERRED PAY PLAN		GROSS EARNINGS	666093
OVERTIME				FEDERAL WITHHELD	4867	57611	LIFE INS.	120	SURVIVOR BENEFIT		VACATION	00
SHIFT PREM.				MICHIGAN WITHHELD	3108	26130	RET. DED.	3666	CREDIT UNION		COMP TIME	00
COLA				DETROIT WITHHELD	2131	18808	BONDS				PRIOR COMP TIME	00
HOL	400		3666	HOSPITAL	45120	916					SICK TIME	1600
						7328					RESERVE SICK TIME	00
TOTAL GROSS			73327	TOTAL TAXES, DEDUCTIONS AND REIMBURSEMENTS				20051	AMOUNT OF CHECK		53276	
MAIL CODE 1190		AGENCY 38		UNIT 1190		NOT NEGOTIABLE PAYROLL DETACH AND RETAIN FOR YOUR RECORDS						

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		
[REDACTED]		BARGE, THOMASENA				01		101172799		15		
EARNINGS			TAXES, DEDUCTIONS AND REIMBURSEMENTS							YEAR TO DATE		
KIND OF TIME	TIME	UNIT	AMOUNT	TYPE	AMOUNT	YTD	TYPE	AMOUNT	TYPE	AMOUNT	TYPE	AMOUNT
REGULAR	7980		73144	FICA	5328	42383	BENEFIT PLAN		DEFERRED PAY PLAN		GROSS EARNINGS	592766
OVERTIME				FEDERAL WITHHELD	4846	52744	LIFE INS.	120	SURVIVOR BENEFIT		VACATION	00
SHIFT PREM.				MICHIGAN WITHHELD	3162	23922	RET. DED.	3726	CREDIT UNION		COMP TIME	00
COLA				DETROIT WITHHELD	2166	16677	BONDS				PRIOR COMP TIME	00
ADJ	100		1375	HOSPITAL	45120	916					SICK TIME	1600
						6412					RESERVE SICK TIME	00
TOTAL GROSS			74519	TOTAL TAXES, DEDUCTIONS AND REIMBURSEMENTS				20051	AMOUNT OF CHECK		54155	

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

196890 PAYROLL B

FOR 3/09/87 TO 3/22/87

PAID 3/27/87

ST5000359

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		
[REDACTED]		BARGE, THOMASENA				01		101172799		13		
EARNINGS			TAXES, DEDUCTIONS AND REIMBURSEMENTS						YEAR TO DATE			
KIND OF TIME	TIME	UNIT	AMOUNT	TYPE	AMOUNT	YTD	TYPE	AMOUNT	TYPE	AMOUNT	TYPE	AMOUNT
REGULAR	7600		69661	FICA	5243	37055	BENEFIT PLAN		DEFERRED PAY PLAN		GROSS EARNINGS	518247
OVERTIME				FEDERAL WITHHELD	4867	47798	LIFE INS.	120	SURVIVOR BENEFIT		VACATION	00
SHIFT PREM.				MICHIGAN WITHHELD	3108	19860	RET. DEC.	3666	CREDIT UNION		COMP TIME	00
COLA				DETROIT WITHHELD	2131	14511	BONDS				PRIOR COMP TIME	00
SICK	400		3666	HOSPITAL	45120	916					SICK TIME	200
						5496					RESERVE SICK TIME	00
TOTAL GROSS			73327	TOTAL TAXES, DEDUCTIONS AND REIMBURSEMENTS				20051	AMOUNT OF CHECK		53276	
MAIL CODE		1190	AGENCY		38	UNIT		1190	NOT NEGOTIABLE PAYROLL DETACH AND RETAIN FOR YOUR RECORDS			

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

196890 PAYROLL B

FOR 2/23/87 TO 3/08/87

PAID 3/13/87

ST5000366

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		
[REDACTED]		BARGE, THOMASENA				01		101172799		11		
EARNINGS			TAXES, DEDUCTIONS AND REIMBURSEMENTS						YEAR TO DATE			
KIND OF TIME	TIME	UNIT	AMOUNT	TYPE	AMOUNT	YTD	TYPE	AMOUNT	TYPE	AMOUNT	TYPE	AMOUNT
REGULAR	6800		62328	FICA	5243	31812	BENEFIT PLAN		DEFERRED PAY PLAN		GROSS EARNINGS	444920
OVERTIME				FEDERAL WITHHELD	4867	42931	LIFE INS.	120	SURVIVOR BENEFIT		VACATION	00
SHIFT PREM.				MICHIGAN WITHHELD	3108	16752	RET. DEC.	3666	CREDIT UNION		COMP TIME	00
COLA				DETROIT WITHHELD	2131	12380	BONDS				PRIOR COMP TIME	00
SICK	1200		10999	HOSPITAL	45120	916					SICK TIME	1200
						4580					RESERVE SICK TIME	00
TOTAL GROSS			73327	TOTAL TAXES, DEDUCTIONS AND REIMBURSEMENTS				20051	AMOUNT OF CHECK		53276	
MAIL CODE		1190	AGENCY		38	UNIT		1190	NOT NEGOTIABLE PAYROLL DETACH AND RETAIN FOR YOUR RECORDS			

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

196890 PAYROLL B

FOR 2/09/87 TO 2/22/87

PAID 2/27/87

ST5000359

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		
[REDACTED]		BARGE, THOMASENA				01		101172799		09		
EARNINGS			TAXES, DEDUCTIONS AND REIMBURSEMENTS						YEAR TO DATE			
KIND OF TIME	TIME	UNIT	AMOUNT	TYPE	AMOUNT	YTD	TYPE	AMOUNT	TYPE	AMOUNT	TYPE	AMOUNT
REGULAR	8000		73327	FICA	5958	26569	BENEFIT PLAN		DEFERRED PAY PLAN		GROSS EARNINGS	371593
OVERTIME				FEDERAL WITHHELD	10514	38064	LIFE INS.	120	SURVIVOR BENEFIT		VACATION	00
SHIFT PREM.				MICHIGAN WITHHELD	3568	13644	RET. DEC.	3666	CREDIT UNION		COMP TIME	00
COLA				DETROIT WITHHELD	2431	10249	BONDS				PRIOR COMP TIME	00
LONG	00		10000	HOSPITAL	45120	916					SICK TIME	1600
						3664					RESERVE SICK TIME	00
TOTAL GROSS			73327	TOTAL TAXES, DEDUCTIONS AND REIMBURSEMENTS				20051	AMOUNT OF CHECK		53276	
MAIL CODE		1190	AGENCY		38	UNIT		1190	NOT NEGOTIABLE PAYROLL DETACH AND RETAIN FOR YOUR RECORDS			

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

196890 PAYROLL B

FOR 1/26/87 TO 2/08/87 PAID 2/13/87

D 400109
ST5000318

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		07		
EARNINGS			TAXES, DEDUCTIONS AND REIMBURSEMENTS								YEAR TO DATE	
KIND OF TIME	TIME	UNIT	AMOUNT	TYPE	AMOUNT	YTD	TYPE	AMOUNT	TYPE	AMOUNT	TYPE	AMOUNT
REGULAR	7200		65994	FICA	5243	20611	BENEFIT PLAN		DEFERRED PAY PLAN		GROSS EARNINGS	288266
OVERTIME				FEDERAL WITHHELD	9252	27550	LIFE INS.	120	SURVIVOR BENEFIT		VACATION	00
SHIFT PREM.				MICHIGAN WITHHELD	3108	10076	RET. DED.	3666	CREDIT UNION		COMP TIME	00
COLA				DETROIT WITHHELD	2131	7818	BONDS				PRIOR COMP TIME	00
SICK	800		7333	HOSPITAL	45120	916					SICK TIME	1600
						2748					RESERVE SICK TIME	00
TOTAL GROSS			73327	TOTAL TAXES, DEDUCTIONS AND REIMBURSEMENTS				24436	AMOUNT OF CHECK		48891	
MAIL CODE 1190		AGENCY 38		UNIT 1190		NOT NEGOTIABLE PAYROLL DETACH AND RETAIN FOR YOUR RECORDS						

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

196890 PAYROLL B

FOR 1/12/87 TO 1/25/87 PAID 1/30/87

D 397125
ST5000347

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		05		
EARNINGS			TAXES, DEDUCTIONS AND REIMBURSEMENTS								YEAR TO DATE	
KIND OF TIME	TIME	UNIT	AMOUNT	TYPE	AMOUNT	YTD	TYPE	AMOUNT	TYPE	AMOUNT	TYPE	AMOUNT
REGULAR	7050		64619	FICA	5144	15368	BENEFIT PLAN		DEFERRED PAY PLAN		GROSS EARNINGS	214939
OVERTIME				FEDERAL WITHHELD	9046	18298	LIFE INS.	120	SURVIVOR BENEFIT		VACATION	00
SHIFT PREM.				MICHIGAN WITHHELD	3044	6968	RET. DED.	3598	CREDIT UNION		COMP TIME	00
COLA				DETROIT WITHHELD	2089	5687	BONDS				PRIOR COMP TIME	00
HOL	800		7333	HOSPITAL	45120	916					SICK TIME	1600
						1832					RESERVE SICK TIME	00
TOTAL GROSS			71952	TOTAL TAXES, DEDUCTIONS AND REIMBURSEMENTS				23957	AMOUNT OF CHECK		47095	
MAIL CODE 1190		AGENCY 38		UNIT 1190		NOT NEGOTIABLE PAYROLL DETACH AND RETAIN FOR YOUR RECORDS						

UNITED STATES BANKRUPTCY COURT
Eastern District of Michigan

In re: Thomasena Barge AKA Thomasane Barge

Chapter: 9

Case No.: 13-53846

Judge: RHODES

~~Debtor's~~ CREDITOR /
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 [MOTION] [OBJECTION]

CREDITOR

~~XXXX~~ has filed papers with the court to _____
{relief sought in motion or objection}

Your rights may be affected. You should read these papers carefully and discuss them with your attorney, if you have one in this bankruptcy case. (If you do not have an attorney, you may wish to consult one.)

If you do not want the court to _____ [relief sought in motion or objection], or if you want the court to consider your views on the [motion] [objection], within _____ 14 _____ days, you or your attorney must:

1. File with the court a written response or an answer, explaining your position at:¹

United States Bankruptcy Court

If you mail your response to the court for filing, you must mail it early enough so the court will receive it on or before the date stated above. All attorneys are required to file pleadings electronically.

You must also mail a copy to [enter your name and address and name and address of others to be served]:

2. If a response or answer is timely filed and served, the clerk will schedule a hearing on the motion and you will be served with a notice of the date, time and location of the hearing.

If you or your attorney do not take these steps, the court may decide that you do not oppose the relief sought in the motion or objection and may enter an order granting that relief.

Date: September 18, 2014

Signature Thomasena Barge
Name Thomasena Barge AKA Thomasane Barge
Address 5226 Newport Street
Detroit, Michigan 48213

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, Emergency Manager
2 Woodward Avenue, Suite 1126
Detroit, Michigan 48226

CASE NO: 13-53846
CHAPTER: 9
JUDGE: RHODES

Debtor.

CERTIFICATE OF SERVICE

The undersigned certifies that on September 18, 2014 (date of mailing), a copy of the annexed papers was served by depositing same, enclosed in a properly addressed postage-paid envelope, in an official depository under the exclusive care and custody of the United States Postal Service within the State of Michigan, upon [specify name and mailing addressed of each party served]:

City of Detroit
Kevyn Orr, Emergency Manager
2 Woodward Avenue, Suite 1126
Detroit, Michigan 48226

Dated: September 18, 2014

CREDITOR'S

Thomasena Barge
(Debtor's Signature)
Print Name: Thomasena Barge AKA Thomasene Barge

N/A

(Co-Debtor's Signature)
Print Name: N/A