Case Number 13-53846

To Whom It May Concern:

Iam writing you today to let you know Iam OBJECTING to the City of Detroit's Debtor's 28th Omibus Objection to MY CLAIM, concering the chapter 9 bankruptcy and the 10 percent pay cut. The city of Detroit did not need to cut my pay by 10% for 27 months. The department I was in water and sewerage collects over a $1 billion dollars a year from at least 92 cities and townships in the State of Michigan.

The ten percent pay cut caused me a loss income I need to receive back. If you look on the third page at check stub for week 43, my weekly pay was $602.40 which amounts to $15.06 an hour, before my pay was cut. If you look on the check stub for week 44, my weekly pay was reduced to $542.20 which amounts to $13.55 an hour, after my pay was cut. That amounts to a weekly pay cut of $60.20 and an hourly pay cut of $1.51 an hour. The longjevity pay that owed to me from 2010 is $300.

The pay cut continued until 1/25/2015 as shown on the third page, under check stub for week 05. That amounts to a loss of wages of $7343.40 over 27 months. The check stub on the fourth page show the stub for week 06, when my pay increased. The pay cut amounts to a loss of wages of $6560.80 over 24 months, $3430.40 over 12 months.

The City of Detroit owes me the above mention amounts for 27 months, 24 months and 12 months. My claim number is 2096.

Andre R. Canty
3/11/2016

FILED (I)
2016 MAR 11 P 12: 20
BANKRUPTCY COURT
E. MICHIGAN-DETROIT

B10 (Official Form 10) (04/13) (Modified)

UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT of MICHIGAN	CHAPTER 9 PROOF OF CLAIM
Name of Debtor: City of Detroit, Michigan — Case Number: 13-53846	
NOTE: *Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing.*	
Name of Creditor (the person or other entity to whom the debtor owes money or property): Andre R. Canty	COURT USE ONLY
Name and address where notices should be sent: 31410 John R Road Apt. 109 Madison Heights, MI 48071	☐ Check this box if this claim amends a previously filed claim. Court Claim Number: _____ (*If known*) Filed on: _____
Telephone number: (248) 592-0784 email:	
Name and address where payment should be sent (if different from above): 31410 John R Road Apt. 109 Madison Heights, MI 48071	☐ Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.
Telephone number (248) 592-0784 email:	

1. Amount of Claim as of Date Case Filed: $ Longevity 10% 1992 Hrs. X 10% of pay rate, and Swing Holidays for 2 years. X rate of pay. and 10% rate of pay since 2012. $39,048 X .079

If all or part of the claim is secured, complete item 4.
If all or part of the claim is entitled to priority, complete item 5.
☐ Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.

2. Basis for Claim: Longevity
(See instruction #2)

3. Last four digits of any number by which creditor identifies debtor: 0

3a. Debtor may have scheduled account as: _____
(See instruction #3a)

4. Secured Claim (See instruction #4)
Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.

Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: $_____

Nature of property or right of setoff: ☐ Real Estate ☐ Motor Vehicle ☐ Other
Describe:

Basis for perfection: _____

Value of Property: $_____

Amount of Secured Claim: $_____

Annual Interest Rate (when case was filed) _____% ☐ Fixed or ☐ Variable

Amount Unsecured: $_____

5. Amount of Claim Entitled to Priority as an Administrative Expense under 11 U.S.C. §§ 503(b)(9) and 507(a)(2). $_____

5b. Amount of Claim Otherwise Entitled to Priority. Specify Applicable Section of 11 U.S.C. § _____. $_____

6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)

7. Documents: Attached are **redacted** copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). If the claim is secured, box 4 has been completed, and **redacted** copies of documents providing evidence of perfection of a security interest are attached. *(See instruction #7, and the definition of "redacted".)* DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.
If the documents are not available, please explain:

8. Signature: (See instruction # 8)
Check the appropriate box.

☒ I am the creditor. ☐ I am the creditor's authorized agent. ☐ I am the trustee, or the debtor, or their authorized agent. (See Bankruptcy Rule 3004.) ☐ I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005.)

I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.

Print Name: Andre R. Canty
Title: _____
Company: _____
Address and telephone number (if different from notice address above):

Andre R. Canty (Signature) 2/15/2014 (Date)

Telephone number: email:

Penalty for presenting fraudulent claim: Fine of up to $500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

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

250287 PAYROLL A FOR 10/15/2012 TO 10/21/2012 PAID 10/26/2012 CK000102

YOUR SOC. SEC. NO. IS THE NUMBER TO WHICH YOUR DEDUCTIONS ARE POSTED AND SHOULD BE NOTED IN ALL INQUIRIES.

EMPLOYEE NAME	BANK	ACCOUNT	WEEK
CANTY, ANDRE			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				FICA	24.39	1142.64	BENEFIT PLAN	.40	DEFFERED PAY PLAN		GROSS EARNINGS	27532.7
OVERTIME				FEDERAL WITHHELD	62.01	3040.35	LIFE INS.	1.27	SURVIVOR BENEFIT			.0
SHIFT PREM.				MICHIGAN WITHHELD	22.24	1053.87	RET. DET.	18.07	CREDIT UNION		VACATION	304.0
COLA				DETROIT WITHHELD	14.23	667.74	BONDS				COMP. TIME	16.0
SICK	40.00		602.40	HOSPITAL	21.80	43.60	38011	.00			PRIOR COMP. TIME	16.0
				MEDC	8.42	394.48					SICK TIME	1128.0
											RESERVE SICK TIME	576.0
				45030	17.31	380.82						
TOTAL GROSS			602.40	TOTAL TAXES, DEDUCTIONS AND REIMBURSEMENTS				190.14	AMOUNT OF CHECK			412.26

MAIL CODE 2250 AGENCY 62

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

250287 PAYROLL A FOR 10/22/2012 TO 10/28/2012 PAID 11/02/2012 CK000199

YOUR SOC. SEC. NO. IS THE NUMBER TO WHICH YOUR DEDUCTIONS ARE POSTED AND SHOULD BE NOTED IN ALL INQUIRIES.

EMPLOYEE NAME	BANK	ACCOUNT	WEEK
CANTY, ANDRE	54	0833110257	44

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	22.77	1165.41	BENEFIT PLAN		DEFFERED PAY PLAN		GROSS EARNINGS	28074.9
OVERTIME				FEDERAL WITHHELD	56.25	3096.60	LIFE INS.		SURVIVOR BENEFIT			.0
SHIFT PREM.				MICHIGAN WITHHELD	20.57	1074.44	RET. DET.	16.27	CREDIT UNION		VACATION	304.0
COLA				DETROIT WITHHELD	13.27	681.01	BONDS				COMP. TIME	16.0
SICK	40.00		542.20	HOSPITAL		.00	38011	.00			PRIOR COMP. TIME	16.0
				MEDC	7.86	402.34					SICK TIME	1088.0
											RESERVE SICK TIME	576.0
TOTAL GROSS			542.20	TOTAL TAXES, DEDUCTIONS AND REIMBURSEMENTS				136.99	AMOUNT OF CHECK			405.21

MAIL CODE 2250 AGENCY 62

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

250287 PAYROLL A FOR 1/19/2015 TO 1/25/2015 PAID 1/30/2015 ST500186

YOUR SOC. SEC. NO. IS THE NUMBER TO WHICH YOUR DEDUCTIONS ARE POSTED AND SHOULD BE NOTED IN ALL INQUIRIES.

EMPLOYEE NAME	BANK	ACCOUNT	WEEK
CANTY, ANDRE	04	0307049833	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	32.00		433.76	FICA	42.79	208.89	BENEFIT PLAN	.40	DEFFERED PAY PLAN		GROSS EARNINGS	3571.66
OVERTIME	8.50		172.83	FEDERAL WITHHELD	73.25	354.38	LIFE INS.	1.27	SURVIVOR BENEFIT			.00
SHIFT PREM.	32.00		8.00	MICHIGAN WITHHELD	25.15	122.25	RET. DET.	58.00	CREDIT UNION		VACATION	8.00
COLA				DETROIT WITHHELD	16.43	80.10	BONDS				COMP. TIME	16.00
HOL	8.00		108.44	HOSPITAL	35.97	71.94	38011	.00			PRIOR COMP. TIME	16.00
PREM	8.50		3.19	MEDC	10.00	48.85					SICK TIME	56.00
				45030	15.58	46.74					RESERVE SICK TIME	.00
TOTAL GROSS			726.22	TOTAL TAXES, DEDUCTIONS AND REIMBURSEMENTS				278.84	AMOUNT OF CHECK			447.38

MAIL CODE 2250 AGENCY 62 UNIT 2250

NOT NEGOTIABLE
DETACH AND RETAIN FOR YOUR RECORDS PAYROLL

CITY OF DETROIT, FINANCE DEPARTMENT, TREASURY DIVISION

STATEMENT OF EARNINGS AND DEDUCTIONS

,250287 PAYROLL A FOR 1/26/2015 TO 2/01/2015 PAID 2/06/2015 ST500312

YOUR SOC. SEC. NO. IS THE NUMBER TO WHICH YOUR DEDUCTIONS ARE POSTED AND SHOULD BE NOTED IN ALL INQUIRIES.

EMPLOYEE NAME	BANK	ACCOUNT	WEEK
CANTY, ANDRE	04	0307049833	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	40	00	662 63	FICA	38 86	247 75	BENEFIT PLAN		DEFFERED PAY PLAN		GROSS EARNINGS	423429
OVERTIME				FEDERAL WITHHELD	62 99	417 37	LIFE INS.		SURVIVOR BENEFIT			00
SHIFT PREM.				MICHIGAN WITHHELD	22 24	144 49	RET. DET.	59 64	CREDIT UNION		VACATION	80
COLA				DETROIT WITHHELD	14 72	94 82	BONDS				COMP. TIME	16 00
				HOSPITAL		00	38011	00			PRIOR COMP. TIME	16 00
				MEDC	9 09	57 94					SICK TIME	64 00
											RESERVE SICK TIME	00
TOTAL GROSS			662 63	TOTAL TAXES, DEDUCTIONS AND REIMBURSEMENTS				207 54	AMOUNT OF CHECK			455 09

MAIL CODE 2250 AGENCY 62 UNIT 2250

NOT NEGOTIABLE
DETACH AND RETAIN FOR YOUR RECORDS PAYROLL