

JOANNA Canzoneri McCormick Pro Se
2609 East 14th Street
Brooklyn New York 11235

July 19, 2015 Cell 718 690 8124
Email Blonblue1@hotmail.com

Clerk Ruby J. Krajick
United States Federal Court
500 Pearl Street
New York New York 10007

RE: COURT FILING ON TRIBUNE

DEAR GENTLEMEN:

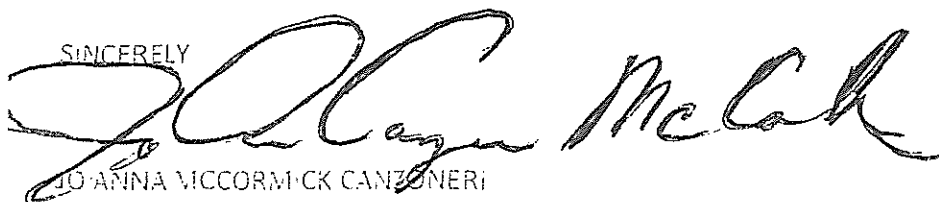
PLEASE FIND ATTACHED AND ENCLOSED FOR DOCUMENTS FOR THE FILLING OF A LAWSUIT THE FOLLOWING DOCUMENTS:

- X CIVIL CASE COVER SHEET
- X SUMMONS
- X COMPLAINT (ATTACHMENTS -BREACH OF CONTRACT,
INTENTIONAL TORT, GENERAL NEGLIGENCE AND FRAUD
- X REQUEST FOR PRODUCTION OF DOCUMENTS
- X TEMPORARY RETAINING ORDER AND MOTION TO STAY
- X AFFIDAVIT IN SUPPORT OF APPLICATION FOR WAIVER OF
FILING AND SERVICE FEES AND COSTS AND TO PROCEED
AS A POOR PERSON
- PROOF OF SERVICE
- NOTICE OF MOTION FOR EXTENSION OF TIME
- X Request for court to serve Defendants

SHOULD YOU HAVE ANY QUESTIONS, PLEASE CONTACT ME IN WRITING

THANK YOU

SINCERELY



JOANNA MCCORMICK CANZONERI

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):
Jo Anna Canzoneri McCormick
2609 East 14th Street
Brooklyn New York 11235
 TELEPHONE NO.: **718 690 8124** FAX NO.: **718 690 8124**
 ATTORNEY FOR (Name): **TN DDO SE EMAIL Blarblue1@hotmail.com**

FOR COURT USE ONLY

STREET ADDRESS: **United States Federal Court**
 MAILING ADDRESS: **500 Pearl Street**
 CITY AND ZIP CODE: **New York New York 10007**
 BRANCH NAME:
 CASE NAME: **JO ANNA CANZONERI McCormick**

CIVIL CASE COVER SHEET

Unlimited (Amount demanded exceeds \$25,000) Limited (Amount demanded is \$25,000 or less)

Complex Case Designation
 Counter Joinder
 Filed with first appearance by defendant (Cal. Rules of Court, rule 3.402)

CASE NUMBER:
 JUDGE:
 DEPT.:

Items 1-5 below must be completed (see instructions on page 2).

1. Check one box below for the case type that best describes this case:

<p>Auto Tort</p> <input type="checkbox"/> Auto (22) <input type="checkbox"/> Uninsured motorist (46) <p>Other P/II/PD/WD (Personal Injury/Property Damage/Wrongful Death) Tort</p> <input type="checkbox"/> Asbestos (34) <input type="checkbox"/> Product liability (24) <input type="checkbox"/> Medical malpractice (4) <input type="checkbox"/> Other P/II/PD/WD (23) <p>Non-P/II/PD/WD (Other) Tort</p> <input checked="" type="checkbox"/> Business tort/unfair business practice (07) <input checked="" type="checkbox"/> Civil rights (08) <input checked="" type="checkbox"/> Defamation (13) <input checked="" type="checkbox"/> Fraud (16) <input checked="" type="checkbox"/> Intellectual property (19) <input type="checkbox"/> Professional negligence (25) <input type="checkbox"/> Other non-P/II/PD/WD tort (35) <p>Employment</p> <input type="checkbox"/> Wrongful termination (36) <input type="checkbox"/> Other employment (15)	<p>Contract</p> <input checked="" type="checkbox"/> Breach of contract/warranty (06) <input type="checkbox"/> Collections (09) <input type="checkbox"/> Insurance coverage (18) <input checked="" type="checkbox"/> Other contract (37) <p>Real Property</p> <input type="checkbox"/> Eminent domain/inverse condemnation (14) <input type="checkbox"/> Wrongful eviction (33) <input type="checkbox"/> Other real property (26) <p>Unlawful Detainer</p> <input type="checkbox"/> Commercial (31) <input type="checkbox"/> Residential (32) <input type="checkbox"/> Drugs (38) <p>Judicial Review</p> <input type="checkbox"/> Asset forfeiture (05) <input type="checkbox"/> Petition re: arbitration award (11) <input type="checkbox"/> Writ of mandate (02) <input type="checkbox"/> Other judicial review (39)	<p>Provisionally Complex Civil Litigation (Cal. Rules of Court, rules 3.400-3.403)</p> <input type="checkbox"/> Antitrust/Trade regulation (03) <input type="checkbox"/> Construction defect (10) <input type="checkbox"/> Mass tort (40) <input type="checkbox"/> Securities litigation (28) <input type="checkbox"/> Environmental/Toxic tort (30) <input type="checkbox"/> Insurance coverage claims arising from the above listed provisionally complex case types (41) <p>Enforcement of Judgment</p> <input type="checkbox"/> Enforcement of judgment (20) <p>Miscellaneous Civil Complaint</p> <input type="checkbox"/> RICO (27) <input type="checkbox"/> Other complaint (not specified above) (42) <p>Miscellaneous Civil Petition</p> <input type="checkbox"/> Partnership and corporate governance (21) <input type="checkbox"/> Other petition (not specified above) (43) <p><input checked="" type="checkbox"/> Discrimination <input checked="" type="checkbox"/> Discrimination on Wages</p>
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2. This case is is not complex under rule 3.400 of the California Rules of Court. If the case is complex, mark the factors requiring exceptional judicial management:

a. <input type="checkbox"/> Large number of separately represented parties	d. <input type="checkbox"/> Large number of witnesses
b. <input type="checkbox"/> Extensive motion practice raising difficult or novel issues that will be time-consuming to resolve	e. <input type="checkbox"/> Coordination with related actions pending in one or more courts in other counties, states, or countries, or in a federal court
c. <input type="checkbox"/> Substantial amount of documentary evidence	f. <input type="checkbox"/> Substantial postjudgment judicial supervision

3. Type of remedies sought (check all that apply):
 a. monetary b. nonmonetary, declaratory or injunctive relief c. punitive

4. Number of causes of action (specify):

5. This case is is not a class action suit.

6. If there are any known related cases, file and serve a notice of related cases. (You may use form CM-045.)
 Date: **07/19/2015**
JO ANNA CANZONERI McCormick (TYPE OR PRINT NAME)
Jo Anna Canzoneri McCormick (SIGNATURE)

NOTICE

- Plaintiff must file this cover sheet with the first paper filed in the action or proceeding (except small claims cases or cases filed under the Probate Code, Family Code, or Welfare and Institutions Code). (Cal. Rules of Court, rule 3.220.) Failure to file may result in sanctions.
- File this cover sheet in addition to any cover sheet required by local court rule.
- If this case is complex under rule 3.400 et seq. of the California Rules of Court, you must serve a copy of this cover sheet on all other parties to the action or proceeding.
- Unless this is a complex case, this cover sheet will be used for statistical purposes only.

JOANNA Canzoneri McCormick Pro Se
2609 East 14th Street
Brooklyn New York 11235

July 19, 2015 Cell 718 690 8124
Email Blonblue1@hotmail.com

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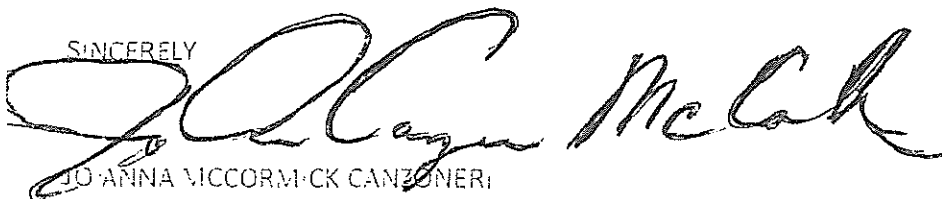
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THANK YOU

SINCERELY



JOANNA MCCORMICK CANZONERI

FOR COURT USE ONLY

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):

Jo Anna Canzoneri McCormick
2609 East 14th Street
Brooklyn New York 11235
TELEPHONE NO.: 718 690 8124 FAX NO.: 718 690 8124

ATTORNEY FOR (Name): T.N. DDO SE EMAIL: Blueblue1@hotmail.com

STREET ADDRESS: United States Federal Court
MAILING ADDRESS: 500 Pearl Street
CITY AND ZIP CODE: New York New York 10007
BRANCH NAME:

CASE NAME: JO ANNA CANZONERI McCormick

CASE NUMBER:
JUDGE:
DEPT.:

CIVIL CASE COVER SHEET

Unlimited (Amount demanded exceeds \$25,000) Limited (Amount demanded is \$25,000 or less)

Counter Joinder

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Items 1-5 below must be completed (see instructions on page 2).

1. Check one box below for the case type that best describes this case:

<p>Auto Tort</p> <input type="checkbox"/> Auto (22) <input type="checkbox"/> Uninsured motorist (46)	<p>Contract</p> <input checked="" type="checkbox"/> Breach of contract/warranty (05) <input type="checkbox"/> Collections (09) <input type="checkbox"/> Insurance coverage (18) <input checked="" type="checkbox"/> Other contract (37) <p>Real Property</p> <input type="checkbox"/> Eminent domain/Inverse condemnation (14) <input type="checkbox"/> Wrongful eviction (33) <input type="checkbox"/> Other real property (26)	<p>Provisionally Complex Civil Litigation (Cal. Rules of Court, rules 3.400-3.403)</p> <input type="checkbox"/> Antitrust/Trade regulation (03) <input type="checkbox"/> Construction defect (10) <input type="checkbox"/> Mass tort (40) <input type="checkbox"/> Securities litigation (28) <input type="checkbox"/> Environmental/Toxic tort (30) <input type="checkbox"/> Insurance coverage claims arising from the above listed provisionally complex case types (41)
<p>Other P/IP/D/W/D (Personal Injury/Property Damage/Wrongful Death) Tort</p> <input type="checkbox"/> Asbestos (24) <input type="checkbox"/> Product liability (24) <input type="checkbox"/> Medical malpractice (4) <input type="checkbox"/> Other P/IP/D/W/D (23) <p>Non-P/IP/D/W/D (Other) Tort</p> <input checked="" type="checkbox"/> Business tort/unfair business practice (07) <input checked="" type="checkbox"/> Civil rights (08) <input checked="" type="checkbox"/> Defamation (13) <input checked="" type="checkbox"/> Fraud (16) <input checked="" type="checkbox"/> Intellectual property (19) <input type="checkbox"/> Professional negligence (25) <input type="checkbox"/> Other non-P/IP/D/W/D tort (35)	<p>Unlawful Detainer</p> <input type="checkbox"/> Commercial (31) <input type="checkbox"/> Residential (32) <input type="checkbox"/> Drugs (38) <p>Judicial Review</p> <input type="checkbox"/> Asset forfeiture (05) <input type="checkbox"/> Petition re: arbitration award (11) <input type="checkbox"/> Writ of mandate (02) <input type="checkbox"/> Other judicial review (39)	<p>Enforcement of Judgment</p> <input type="checkbox"/> Enforcement of judgment (20) <p>Miscellaneous Civil Complaint</p> <input type="checkbox"/> RICO (27) <input type="checkbox"/> Other complaint (not specified above) (42) <p>Miscellaneous Civil Petition</p> <input type="checkbox"/> Partnership and corporate governance (21) <input type="checkbox"/> Other petition (not specified above) (43) <input checked="" type="checkbox"/> Discrimination <input checked="" type="checkbox"/> Discrimination on Wages

2. This case is is not complex under rule 3.400 of the California Rules of Court. If the case is complex, mark the factors requiring exceptional judicial management:

a. <input type="checkbox"/> Large number of separately represented parties	d. <input type="checkbox"/> Large number of witnesses
b. <input type="checkbox"/> Extensive motion practice raising difficult or novel issues that will be time-consuming to resolve	e. <input type="checkbox"/> Coordination with related actions pending in one or more courts in other counties, states, or countries, or in a federal court
c. <input type="checkbox"/> Substantial amount of documentary evidence	f. <input type="checkbox"/> Substantial postjudgment judicial supervision

3. Type of remedies sought (check all that apply):

a. monetary b. nonmonetary, declaratory or injunctive relief c. punitive

4. Number of causes of action (specify):

5. This case is is not a class action suit.

6. If there are any known related cases, file and serve a notice of related cases. (You may use form CM-015)

Date: 07/19/2015
JO ANNA CANZONERI McCormick
(TYPE OR PRINT NAME)

Jo Anna Canzoneri McCormick
(SIGNATURE)

NOTICE

- Plaintiff must file this cover sheet with the first paper filed in the action or proceeding (except small claims cases or cases filed under the Probate Code, Family Code, or Welfare and Institutions Code). (Cal. Rules of Court, rule 3.220.) Failure to file may result in sanctions.
- File this cover sheet in addition to any cover sheet required by local court rule.
- If this case is complex under rule 3.400 et seq. of the California Rules of Court, you must serve a copy of this cover sheet on all other parties to the action or proceeding.
- Unless this is a complex case, this cover sheet will be used for statistical purposes only.

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address): Jo Anna Canzoneri McCormick 2609 East 14th Street Brooklyn New York 11235		FOR CLERK USE ONLY
TELEPHONE NO.: 718 690 824 E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name): Prose Email Blonblue1@hotmail.com	NAME OF COURT: clerk STREET ADDRESS: United States Federal Court MAILING ADDRESS: 500 Pearl Street CITY AND ZIP CODE: New York New York 10007 BRANCH NAME:	
PLAINTIFF/PETITIONER: Jo Anna Canzoneri McCormick DEFENDANT/RESPONDENT: TRIBUNE		CASE NUMBER:
APPLICATION FOR WAIVER OF COURT FEES AND COSTS		

I request a court order so that I do not have to pay court fees and costs.

1. a. I am not able to pay any of the court fees and costs:
 b. I am able to pay only the following court fees and costs (specify):

2. My current street or mailing address is (if applicable, include city or town, apartment no., if any, and zip code):

3. a. My occupation, employer, and employer's address are (specify):
 b. My spouse's occupation, employer, and employer's address are (specify):

4. I am receiving financial assistance under one or more of the following programs:
 a. SSI and SSP: Supplemental Security Income and State Supplemental Payments Programs
 b. CalWORKS: California Work Opportunity and Responsibility to Kids Act, implementing TANF, Temporary Assistance for Needy Families (formerly AFDC)
 c. Food Stamps; The Food Stamp Program
 d. County Relief, General Relief (G.R.), or General Assistance (G.A.)

5. If you checked box 4, you must check and complete one of the three boxes below, unless you are a defendant in an unlawful detainer action. Do not check more than one box.

- a. (Optional) My Medi-Cal number is (specify):
 b. (Optional) My social security number is (specify):
560 - 818 - 6058 and my date of birth is (specify):

[Federal law does not require that you give your social security number. However, if you don't give your social security number, you must check box c and attach documents to verify the benefits checked in item 4.]

- c. I am attaching documents to verify receipt of the benefits checked in item 4, if requested by the court.
 [See Form FW-001-INFO, Information Sheet on Waiver of Court Fees and Costs, available from the clerk's office, for a list of acceptable documents.]

[If you checked box 4 above, skip items 6 and 7, and sign at the bottom of this side.]

6. My total gross monthly household income is less than the amount shown on the Information Sheet on Waiver of Court Fees and Costs available from the clerk's office.

[If you checked box 6 above, skip item 7, complete items 8, 9a, 9d, 9f, and 9g on the back of this form, and sign at the bottom of this side.]

7. My income is not enough to pay for the common necessities of life for me and the people in my family whom I support and also pay court fees and costs. [If you check this box, you must complete the back of this form.]

WARNING: You must immediately tell the court if you become able to pay court fees or costs during this action. You may be ordered to appear in court and answer questions about your ability to pay court fees or costs.

I declare under penalty of perjury under the laws of the State of California that the information on both sides of this form and all attachments are true and correct.

Date: 07/19/2015

Jo Anna Canzoneri McCormick

(TYPE OR PRINT NAME)

Jo Anna Canzoneri McCormick

(SIGNATURE)

(Financial information on reverse)

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address) JoAnna Canzoneri McCormick 2609 East 14th Street Brooklyn New York 11235 TELEPHONE NO.: 718 690 8124 FAX NO.: E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name): Pro Se Email Blonblue1@hotmail.com		FOR COURT USE ONLY
SUPERIOR COURT OF Clerk STREET ADDRESS: United States Federal Court MAILING ADDRESS: CITY AND ZIP CODE: 500 Pearl Street New York New York 10007 BRANCH NAME:		
PLAINTIFF/ PETITIONER: JoAnna Canzoneri McCormick DEFENDANT/ RESPONDENT: TRIBUNE		CASE NUMBER:
ORDER ON APPLICATION FOR WAIVER OF COURT FEES AND COSTS		

- The application was filed on (date): A previous order was issued on (date):
- The application was filed by (name): **JoAnna Canzoneri McCormick**
- IT IS ORDERED that the application is granted in whole in part (complete item 4 below).
 - No payments. Payment of all the fees and costs listed in California Rules of Court, rule 3.61, is waived.
 - The applicant shall pay all the fees and costs listed in California Rules of Court, rule 3.61, EXCEPT the following:

(1) <input type="checkbox"/> Filing papers.	(6) <input type="checkbox"/> Sheriff and marshal fees.
(2) <input type="checkbox"/> Certification and copying.	(7) <input type="checkbox"/> Reporter's fees* (valid for 60 days).
(3) <input type="checkbox"/> Issuing process and certification.	(8) <input type="checkbox"/> Telephone appearance (Gov. Code, § 68070.1(c)).
(4) <input type="checkbox"/> Transmittal of papers.	(9) <input type="checkbox"/> Other (specify code section):
(5) <input type="checkbox"/> Court-appointed interpreter.	

Reporter's fees are per diem pursuant to Code Civ. Proc., §§ 269, 274c, and Gov. Code, §§ 69947, 69948, and 72195.
 - Method of payment. The applicant shall pay all the fees and costs when charged, EXCEPT as follows:

(1) <input type="checkbox"/> Pay (specify): _____ percent.	(2) <input type="checkbox"/> Pay: \$ _____ per month or more until the balance is paid.
--	---
 - The clerk of the court, county financial officer, or appropriate county officer is authorized to require the applicant to appear before and be examined by the court no sooner than four months from the date of this order, and not more than once in any four-month period. The applicant is ordered to appear in this court as follows for review of his or her financial status:

Date:	Time:	Dept.:	Div.:	Room:
 - The clerk is directed to mail a copy of this order only to the applicant's attorney or to the applicant if not represented.
 - All unpaid fees and costs shall be deemed to be taxable costs if the applicant is entitled to costs and shall be a lien on any judgment recovered by the applicant and shall be paid directly to the clerk by the judgment debtor or upon such recovery.
- IT IS ORDERED that the application is denied in whole in part for the following reasons (see Cal. Rules of Court, rules 3.50-3.63):
 - Monthly household income exceeds guidelines (Gov. Code, § 68511.3(a)(6)(B); form FW-001-INFO).
 - Other (Complete line 4b on page 2).
 - The applicant shall pay any fees and costs due in this action within 10 days from the date of service of this order or any paper filed by the applicant with the clerk will be of no effect.
 - The clerk is directed to mail a copy of this order to all parties who have appeared in this action.
- IT IS ORDERED that a hearing be held.
 - The substantial evidentiary conflict to be resolved by the hearing is (specify):
 - The applicant should appear in this court at the following hearing to help resolve the conflict:

Date:	Time:	Dept.:	Div.:	Room:
 - The address of the court is (specify):
 Same as above
 - The clerk is directed to mail a copy of this order only to the applicant's attorney or to the applicant if not represented.

NOTICE: If item 4a or item 5b is filled in and the applicant does not attend the hearing, the court may revoke or change the order or deny the application without considering information the applicant wants the court to consider.

WARNING: The applicant must immediately tell the court if he or she becomes able to pay court fees or costs during this action. The applicant may be ordered to appear in court and answer questions about his or her ability to pay fees or costs.

Date: _____

Clerk, by _____ Deputy

JUDICIAL OFFICER (Clerk may GRANT in full a non-discretionary fee waiver; see Cal. Rule of Court, rules 3.56.) Page 1 of 2

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

JoAnna Canzoneri McCormick

(In the space above enter the full name(s) of the plaintiff(s)/petitioner(s).)

___ Civ. ___ () ()

-against-

TRIBUNE

**REQUEST TO PROCEED
IN FORMA PAUPERIS**

(In the space above enter the full name(s) of the defendant(s)/respondent(s).)

I, JoAnna Canzoneri McCormick, (print or type your name) am the plaintiff/petitioner in the above entitled case and I hereby request to proceed *in forma pauperis* and without being required to prepay fees or costs or give security. I state that because of my poverty I am unable to pay the costs of said proceeding or to give security therefor, and that I believe I am entitled to redress.

1. If you are presently employed:
a) give the name and address of your employer
b) state the amount of your earnings per month

No

2. If you are NOT PRESENTLY EMPLOYED:
a) state the date of start and termination of your last employment
b) state your earnings per month

YOU MUST ANSWER THIS QUESTION EVEN IF YOU ARE INCARCERATED.

No

3. Have you received, within the past twelve months, any money from any source? If so, name the source and the amount of money you received.

Yes

- a) Are you receiving any public benefits? No. Yes, \$ _____.
- b) Do you receive any income from any other source? No. Yes, \$ _____.

4. Do you have any money, including any money in a checking or savings account? If so, how much?

No. Yes, \$ _____.

5. Do you own any apartment, house, or building, stock, bonds, notes, automobiles or other property? If the answer is yes, describe the property and state its approximate value.

No. Yes, \$ _____.

6. Do you pay for rent or for a mortgage? If so, how much each month?

No. Yes, _____.

7. List the person(s) that you pay money to support and the amount you pay each month.

None

8. State any special financial circumstances which the Court should consider.

None

I understand that the Court shall dismiss this case if I give a false answer to any questions in this declaration.

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 19th day of July 2015
date month year

John Canyon McConde
Signature

United States Federal Court
500 Pearl Street
New York New York 10007

Johanna Conzoneri McCormick Plaintiff
(Petitioner)

v.

TRIBUNE, Defendant
(Respondent)

AFFIDAVIT IN SUPPORT OF
APPLICATION FOR WAIVER
OF FILING AND SERVICE
FEES AND COSTS AND
TO PROCEED AS A POOR
PERSON

The undersigned, being duly sworn, says:

1. I am the plaintiff or petitioner in this case. This statement is made in support of my request (a) for waiver of the index number fee and/or any other filing and service fees and costs, and (b) to proceed in this case as a poor person.

2. I support myself and NO others in my household.

3. My only source of income is (check one):

Public assistance

Social security/SSI

Other _____

4. The amount of income I receive each month is \$ Estimate 800.00

5. Check one of the items below:

I do not have a bank account.

I have a bank account with approximately \$ 6
in the account.

6. I own the following property which has an estimated value as indicated: [IF NONE, WRITE "NONE"] None

<u>LIST PROPERTY</u>	<u>VALUE</u>
_____	_____
_____	_____
_____	_____

7. I have no other savings, property or assets. None

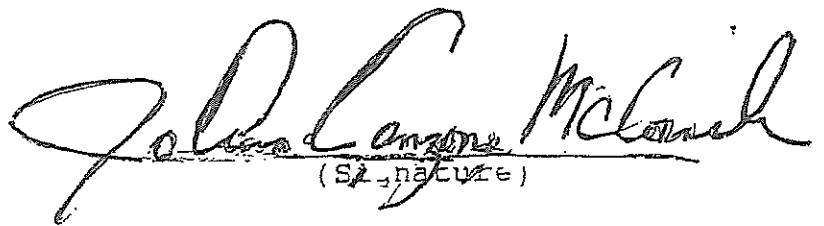
8. I am unable to pay the costs, fees and expenses necessary to assert my rights in this case. None

9. No one else who is able to pay any required costs and fees has a beneficial interest in the results of this case. None

10. The facts of my case are described in my court papers,
which are attached.

11. I have made no prior request for this relief in this case.

WHEREFORE, I request (a) that all fees relating to the
filing and service of this action or proceeding be waived, and
(b) that I be permitted to proceed in this case in all respects
as a poor person.


(Signature)

Jo Anna Canzoneri McCormick
2009 East 14th Street
Brooklyn New York 11235
Cell 718 690 8124
Email Blonblue1@hotmail.com

SUMMONS

Jo Anna Canzoneri, PRO SE

Plaintiffs Attorney IN PRO PER

UNITED STATES FEDERAL COURT
500 Pearl Street
New York New York 10007

PLAINTIFF:

Jo Anna Canzoneri, an individual, etal;
Jo Anna Canzoneri aka Jo Anna
Canzoneri McCormick, an individual, etal;
Jo Anna Canzoneri McCormick, an individual, etal;
John Does 1-1000
Jane Does 1-1000

VS

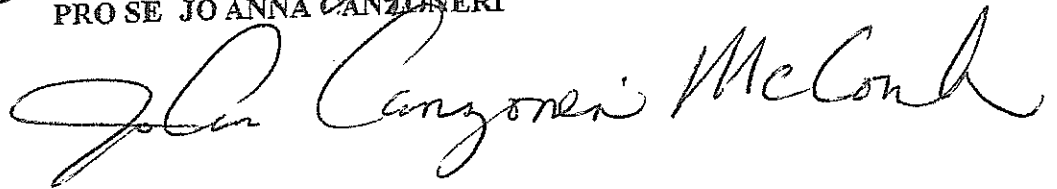
DEFENDANT:

TRIBUNE, a business entity, etal;

YOU ARE HEREBY SUMMONED to answer the complaint in this action and to

serve a copy of your answer, (if the complaint is not served with this summons, to serve a notion of appearance), on the plaintiff's attorney within 30 of days after the service of this summons, exclusive of the day of service, or within 30 days after the service is complete if this summons is not personally served on you within the STATE OF New York
In case of your failure to appear or answer, judgment will be taken against you by default for the relief demanded in the complaint

DATED: 07/19/2015 PRO SE JO ANNA CANZONERI



Jo Anna Canzoneri
2609 East 14th Street
Brooklyn New York 11235
Cell 718 690 8124
Email Blonblue1@hotmail.com

Jo Anna Canzoneri, PRO SE

Plaintiffs Attorney IN PRO PER

UNITED STATES FEDERAL COURT
500 Pearl Street
New York New York 10007

PLAINTIFF:

Jo Anna Canzoneri, an individual, et al;
Jo Anna Canzoneri aka Jo Anna
Canzoneri McCormick, an individual, et al;
Jo Anna Canzoneri McCormick, an individual, et al;
John Does 1-1000
Jane Does 1-1000

Complaint

Breach of Contract
General Negligence
Intentional Tort
Fraud

VS

DEFENDANT:

TRIBUNE, a business entity, et al;

JURISDICTION (CHECK ALL THAT APPLY)

CASE NUMBER

XXX ACTION IS AN UNLIMITED CIVIL CASE (EXCEEDS \$25,000)

1. PLAINTIFF (name or names): JO ANNA CANZONERI McCormick

alleges causes of action against defendant (name or names) TRIBUNE

2. This pleading, including attachments, and exhibits, consists of the following number of pages

a. Each plaintiff named above is a competent adult

Except plaintiff (name)

- (1) A corporation qualified to do business in
- (2) An unincorporated entity (describe)
- (3) Other (specify)

3. Plaintiff (name)

a. Has complied with the fictitious business name laws and is doing business under the fictitious name (specify)

b. Has complied with all licensing requirements as a licensed (specify)

c. Information about additional plaintiffs who are not competent adults is shown in Attachment 3c

4. Each defendant named above is a natural person

XX Except defendant (name)

- (1) A business organization, form unknown
- (2) A corporation
- (3) An unincorporated entity (describe)
- (4) A public entity (describe)
- (5) Other (specify)

XX Except defendant (name)

- (1) A business organization, form unknown
- (2) A corporation
- (3) An unincorporated entity (describe)
- (4) A public entity (describe)
- (5) Other (specify)

(see attached defendants "DOES" defendants "Does" 1-1080 "DOES" attached hereto and made a part hereof)

Except defendant (name)

- (1) A business organization, form unknown
- (2) A corporation
- (3) An unincorporated entity (describe)
- (4) A public entity (describe)
- (5) Other (specify)

Except defendant (name)

- (1) A business organization, form unknown
- (2) A corporation
- (3) An unincorporated entity (describe)
- (4) A public entity (describe)
- (5) Other (specify)

4. (CONTINUED)

b. The true names of defendants sued as Does are unknown to plaintiff,

(1) Doe Defendants (specify DOE numbers): were the agents or employees of the named defendants and acted within the scope of that agency or employment.

(2) Doe defendants (specify DOE numbers): are persons whose capacities are unknown to Plaintiff.

c. Information about additional defendants who are not natural persons is contained in Attachment

d. Defendants who are joined under Code of Civil Procedure section XXXX are (names)

5. Plaintiff is required to comply with a claims statute, and

a. has complied with applicable claims statutes, or

b. is excused from complying because (specify)

6. This action is subject to Civil Code section XXX Civil Code section XXX

7. This court is the proper court because

a a defendant entered into the contract here.

b a defendant lived here when the contract was entered into.

c. a defendant lives here now

d. the contract was to be performed here.

e. a defendant is a corporation or unincorporated association and its principal place of business is here.

f. real property that is the subject of this action is located here.

g other (specify)

8. The following causes of action are attached and the statements above apply to each (each complaint must have one or more causes of action attached):

XXX Breach of Contract

XX GENERAL NEGLIGENCE

XXX Other (specify) FRAUD

XX Discrimination

XXX INTENTIONAL TORT

XX Discrimination of Wages

9. Other allegations

10. Plaintiff prays for judgement for costs of suit; for such relief as is fair, just, and equitable; and for

a. Damages of \$ UNKNOWN AT THIS TIME

b. Interest on the damages UNKNOWN AT THIS TIME

According to proof UNKNOWN AT THIS TIME
At the rate of (specify) percent per year from (date):

c. Attorney fees

(1) Of \$ UNKNOWN AT THIS TIME

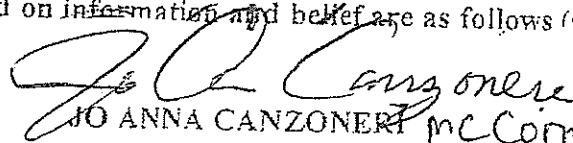
(2) According to proof UNKNOWN AT THIS TIME

d.. Other (specify) COMPENSATORY, CONSEQUENTIAL AND PUNITIVE DAMAGES

11. The paragraphs of this pleading alleged on information and belief are as follows (specify paragraph numbers):

DATE 07/19/2015

JO ANNA CANZONERI McCormick


JO ANNA CANZONERI McCormick

COUNT ONE (1) BREACH OF CONTRACT

Plaintiff *JoAnna Canzone McCormick* alleges that on or about (date) MAY 01, 2004 and at various times thereafter written and oral agreements was made between the PLAINTIFF AND DEFENDANTS

A copy of the agreement will be provided when requested or suproed

The essential terms of the ORAL AND WRITEN AGREEMENTS are stated on or about

On or about (dates) May 01, 2004 and at various times Thereafter the Defendants and each one of them breached the ORAL AND WRITEN AGREEMENTS, Plaintiff has performed all obligations to defendants except those obligations plaintiff was prevented or excused from performing.

Plaintiff suffered damages legally (proximately) caused by defendant's BREACH OF THE ORAL AND WRITEN AGREEMENTS

Plaintiff is entitled to attorney fees by an agreement or a STATE STATUTE, STATUTE OR STATUE OF FRAUD of \$ UNKNOWN AT THIS TIME AND ACCORDING TO PROOF.

COUNT TWO (2) GENERAL NEGLIGENCE

Plaintiff Alleges that defendants and each one of them was the legal (proximate) cause of damages to plaintiff. By the following acts or omissions to act, defendants and each one of them negligently caused the damage to plaintiff

On or ABOUT and at various times thereafter

COUNT THREE (3) INTENTIONAL TORT

Plaintiff Joanna Canzoneri McCormick Alleges that defendants and each one of them was the legal (proximate) cause of damages to plaintiff. By the following acts or omissions to act, defendant intentionally caused the damage to plaintiff

On (date): ON OR ABOUT _____ and at various times thereafter

COUNT FOUR (4) FRAUD

Plaintiff Joanna Canzoneri McCormick Alleges that defendants and each one of them

On or about _____ and at various times thereafter defrauded plaintiff as follows:

The Defendants and each one of them Intentional or Negligent Misrepresentation of the material fact. These representations were in fact false and not the truth

When defendants and each one of them made the representations them knew they were false

Defendants and each one of them made the representations with the intent to defraud and induce plaintiff to act at the time plaintiff acted, plaintiff did not know the representations were false and believed they were true. Plaintiff acted in justifiable reliance upon the truth of the representations.

The Defendants and each one of them concealed or suppressed material facts

CONTINUE COUNT FOUR (4) FRAUD

The Defendants and each one of them concealed or suppressed material facts when in fact the

Defendants and each one of them was bound to disclose. By telling plaintiff other facts to mislead plaintiff and prevent plaintiff from discovering the concealed or suppressed facts

Defendants and each one of them concealed or suppressed these facts with the intent to defraud and induce plaintiff to act

At the time plaintiff acted, plaintiff was unaware of the concealed or suppressed facts and would not have taken the action if plaintiff had known the facts.

A PROMISE WITHOUT INTENT TO PERFORM the Defendants and each one of them

Defendants made a promise about a material matter without any intention of performing it

Defendants and each one of them promise without any intention of performance was made with the intent to defraud and induce Plaintiff to rely upon it and to

At the time plaintiff acted, plaintiff was unaware of Defendants and each one of them intention not to perform the promise. Plaintiff acted in justifiable reliance upon the promise.

In justifiable reliance upon defendants and each one of them defendants conduct, plaintiff was induced to act. Because of plaintiff's reliance upon defendants and each one of them conduct, plaintiff has been damaged

4513 323 584 4683
 602 80387 6631
 602 713 7841

UNITED STATES BANKRUPTCY COURT
 FOR THE DISTRICT OF DELAWARE

In re:
 TRIBUNE COMPANY, et al.
 Debtors.

Chapter 11
 Case No. 08-13141 (KJC)
 Jointly Administered

See attached ~~DOES~~ through 1000 "DOES" attached thereto and made apart there of

- | | | |
|--|---|--|
| Tribune Company | KPLR, Inc. | Towering T Music Publishing Company |
| 435 Production Company | KSWB Inc. | Tribune Broadcast Holdings, Inc. |
| 5800 Sunset Productions Inc. | KTLA Inc. | Tribune Broadcasting Company |
| Baltimore Newspaper Networks, Inc. | KWGN Inc. | Tribune Broadcasting Holdco, LLC |
| California Community News Corp. | Los Angeles Times Communications LLC | Tribune Broadcasting News Network, Inc., n/k/a |
| Candle Holdings Corporation | Los Angeles Times International, Ltd. | Tribune Washington Bureau Inc. |
| Channel 20, Inc. | Los Angeles Times Newspapers, Inc. | Tribune California Properties, Inc. |
| Channel 39, Inc. | Magic T Music Publishing Company | Tribune CNLBC, LLC f/k/a Chicago National |
| Channel 40, Inc. | NBBF, LLC | League Ball Club, LLC |
| Chicago Avenue Construction Company | Neocomm, Inc. | Tribune Direct Marketing, Inc. |
| Chicago River Production Company | New Mass. Media, Inc. | Tribune Entertainment Company |
| Chicago Tribune Company | Newscom Services, Inc. | Tribune Entertainment Production Co. |
| Chicago Tribune Newspapers, Inc. | Newspaper Readers Agency, Inc. | Tribune Finance, LLC |
| Chicago Tribune Press Service, Inc. | North Michigan Production Company | Tribune Finance Service Center, Inc. |
| ChicagoLand Microwave Licensee, Inc. | North Orange Avenue Properties, Inc. | Tribune License, Inc. |
| Chicagoland Publishing Company | Oak Brook Productions, Inc. | Tribune Los Angeles, Inc. |
| Chicagoland Television News, Inc. | Orlando Sentinel Communications Co. | Tribune Manhattan Newspaper Hldgs, Inc. |
| Courant Specialty Products, Inc. (9221); | Patuxent Publishing Company | Tribune Media Net, Inc. |
| Direct Mail Associates, Inc. | Publishers Forest Products Co. of Wash. | Tribune Media Services, Inc. |
| Distribution Systems of America, Inc. | Sentinel Communications News Ventures, Inc. | Tribune Network Holdings Company |
| Eagle New Media Investments, LLC | Shepard's Inc. | Tribune New York Newspaper Hldgs, LLC |
| Eagle Publishing Investments, LLC | Signs of Distinction, Inc. | Tribune NM, Inc. |
| forsalebyowner.com corp. | Southern Connecticut Newspapers, Inc. | Tribune Publishing Company |
| ForSaleByOwner.com Referral Serv, LLC | Star Community Publishing Group, LLC | Tribune Television Company |
| Fortify Holdings Corporation | Stemweb, Inc. | Tribune Television Holdings, Inc. |
| Forum Publishing Group, Inc. | Sun-Sentinel Company | Tribune Television New Orleans, Inc. |
| Gold Coast Publications, Inc. | The Baltimore Sun Company | Tribune Television Northwest, Inc. |
| GreenCo, Inc. | The Daily Press, Inc. | ValuMail, Inc. |
| Heart & Crown Advertising, Inc. | The Hartford Courant Company | Virginia Community Shoppers, LLC |
| Homeowners Realty, Inc. | The Morning Call, Inc. | Virginia Gazette Companies, LLC |
| Homestead Publishing Co. | The Other Company LLC | WATL, LLC |
| Hoy, LLC | Times Mirror Land and Timber Company | WCWN LLC |
| Hoy Publications, LLC | Times Mirror Payroll Processing Co., Inc. | WDCW Broadcasting, Inc. |
| InsertCo, Inc. | Times Mirror Services Company, Inc. | WGN Continental Broadcasting Company |
| Internet Foreclosure Service, Inc. | TMLH 2, Inc. | WLVI Inc. |
| JuliusAir Company, LLC | TMLS 1, Inc. | WPIX, Inc. |
| JuliusAir Company II, LLC; | TMS Entertainment Guides, Inc. | WTXX Inc. |
| KIAH Inc. | Tower Distribution Company | |

NOTICE OF HEARING TO CONSIDER CONFIRMATION OF THIRD AMENDED JOINT PLAN OF REORGANIZATION FOR TRIBUNE COMPANY AND ITS SUBSIDIARIES AND VOTING AND OBJECTION DEADLINES RELATING TO THE PLAN

PLEASE TAKE NOTICE THAT on November [18], 2011, the Debtors in the above-referenced chapter 11 cases filed the Third Amended Joint Plan of Reorganization for Tribune Company and Its Subsidiaries (as may be amended, the "Plan") and the Supplemental Disclosure Document related to the Plan (as may be amended, the "Supplemental Disclosure Document"). Capitalized terms not defined in this notice have the meanings given to them in the Plan.

PLEASE TAKE FURTHER NOTICE THAT:

1. The deadline for voting to accept or reject the Plan is **4:00 p.m. Eastern Time on January 20, 2011**, unless such time is extended. Objections to the Plan must comply with the Resolicitation Order and be filed by **4:00 p.m. Eastern Time on January [●], 2012**. A hearing to consider confirmation of the Plan will be held on **February [●], 2012 at 10:00 a.m. Eastern Time**, at the United States Bankruptcy Court for the District of Delaware, 824 North Market Street, Fifth Floor, Courtroom No. 5, Wilmington, Delaware 19801. That hearing may be continued from time to time without further notice.
2. On December [●], 2011, the United States Bankruptcy Court for the District of Delaware (the "Court") entered an order (the "Resolicitation Order") approving the Supplemental Disclosure

COUNTY OF LOS ANGELES • REGISTRAR-RECORDER/COUNTY CLERK

Exhibit "A"

CERTIFICATE OF REGISTRY OF MARRIAGE
(PERSONAL DATA, LICENSE TO MARRY, CERTIFICATION OF MARRIAGE)

33738

STATE FILE NUMBER		1a. NAME OF GROOM—FIRST NAME Richard		1b. MIDDLE NAME Allen		1c. LAST NAME McCormick		LOCAL REGISTRAR'S NUMBER	
GROOM PERSONAL DATA		3. AGE (LAST BIRTHDAY) 20		4. NUMBER OF THIS MARRIAGE 1		5a. DATE LAST MARRIAGE ENDED IF PREVIOUSLY MARRIED		2. DATE OF BIRTH—MONTH, DAY, YEAR Jun 2 1949	
		7a. RESIDENCE OF GROOM—STREET ADDRESS 210 N Monterey St		7b. CITY OR TOWN Alhambra		5b. LAST MARRIAGE ENDED BY IF SPECIFY DEATH, DIVORCE OR ANNULMENT		6. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Illinois	
		8a. PRESENT OR LAST OCCUPATION Laborer		8b. KIND OF INDUSTRY OR BUSINESS Campers		7c. COUNTY (IF OUTSIDE CALIFORNIA, ENTER STATE) Los Angeles		9. HIGHEST SCHOOL GRADE COMPLETED 12	
		10a. NAME OF FATHER OF GROOM Charles McCormick		10b. BIRTHPLACE OF FATHER (STATE OR FOREIGN COUNTRY) Alabama		11a. MAIDEN NAME OF MOTHER OF GROOM Barbara Festa		11b. BIRTHPLACE OF MOTHER (STATE OR FOREIGN COUNTRY) Massachusetts	
BRIDE PERSONAL DATA		12a. NAME OF BRIDE—FIRST NAME Jo Ann		12b. MIDDLE NAME		12c. LAST NAME Canzoneri		13. DATE OF BIRTH—MONTH, DAY, YEAR Feb 7 1953	
		14. AGE (LAST BIRTHDAY) 16		5. NUMBER OF THIS MARRIAGE 1		16a. DATE LAST MARRIAGE ENDED IF PREVIOUSLY MARRIED		17. BIRTHPLACE (STATE OR FOREIGN COUNTRY) New York	
		18a. RESIDENCE OF BRIDE—STREET ADDRESS 309 No Atlantic Blvd		18b. CITY OR TOWN Alhambra		18c. COUNTY (IF OUTSIDE CALIFORNIA, ENTER STATE) Los Angeles		21. MAIDEN NAME OF BRIDE (IF PREVIOUSLY MARRIED) None	
		19a. PRESENT OR LAST OCCUPATION None		19b. KIND OF INDUSTRY OR BUSINESS		20. HIGHEST SCHOOL GRADE COMPLETED 10		22a. NAME OF FATHER OF BRIDE Joseph J Canzoneri	
		22b. BIRTHPLACE OF FATHER (STATE OR FOREIGN COUNTRY) New York		23a. MAIDEN NAME OF MOTHER OF BRIDE Amelia Mazur		23b. BIRTHPLACE OF MOTHER (STATE OR FOREIGN COUNTRY) New York			
AFFIDAVIT OF BRIDE AND GROOM		WE, THE BRIDE AND GROOM NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF, STATE THAT THE FOREGOING INFORMATION IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR TO THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US, AND HEREBY TRULY FOR LICENSE TO MARRY.							
		24a. BRIDE (SIGNATURE) <i>Jo Ann Canzoneri</i>				24b. GROOM (SIGNATURE) <i>Richard McCormick</i>			
LICENSE TO MARRY		AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF CALIFORNIA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF CALIFORNIA TO SOLENNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS, REQUIRED CONSENTS FOR THE ISSUANCE OF THIS LICENSE ARE ON FILE:							
		25a. SUBSCRIBED AND SWORN TO BEFORE ME ON Jul 23 1969		25b. DATE LICENSE ISSUED Jul 23 1969		25c. LICENSE NUMBER 13175		25d. COUNTY CLERK WILLIAM G. SHARP	
		25e. EXPIRATION DATE Oct 21 1969		25f. COUNTY OF ISSUE OF LICENSE LOS ANGELES		26a. ADDRESS OF WITNESS—STREET ADDRESS 7903 E Whitmore		26b. ADDRESS OF WITNESS—CITY OR TOWN AND STATE Rosemead, California	
WITNESSES		26a. SIGNATURE OF WITNESS <i>Melrose Pounds</i>		26b. ADDRESS OF WITNESS—STREET ADDRESS 214 N Monterey		26c. ADDRESS OF WITNESS—CITY OR TOWN AND STATE Alhambra, California		27c. ADDRESS OF WITNESS—CITY OR TOWN AND STATE Alhambra, California	
		27a. SIGNATURE OF WITNESS <i>Mrs Pat Rodriguez</i>		27b. ADDRESS OF WITNESS—STREET ADDRESS 214 N Monterey		27c. ADDRESS OF WITNESS—CITY OR TOWN AND STATE Alhambra, California		28. I HEREBY CERTIFY THAT THE ABOVE NAMED BRIDE AND GROOM WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF CALIFORNIA	
CERTIFICATION BY PERSON PERFORMING CEREMONY		ON July 24 1969		AT Los Angeles		29a. NAME OF PERSON PERFORMING CEREMONY James Harvey Brown		29b. SIGNATURE OF PERSON PERFORMING CEREMONY AND OFFICIAL TITLE <i>James Harvey Brown</i> Municipal Court Judge	
LOCAL REGISTRAR MARRIAGES		30. DATE ACCEPTED FOR REGISTRATION JUL 31 1969		31. LOCAL REGISTRAR—SIGNATURE <i>Ray E. Lee</i>					
CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS		29c. RESIDENCE OF PERSON PERFORMING CEREMONY 111 N Hill St., Los Angeles, Calif.							

This is to certify that this document is a true copy of the official record filed with the Registrar-Recorder/County Clerk.

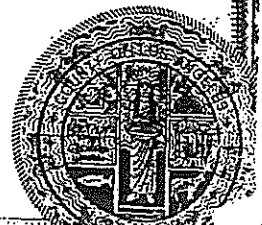
Conny B. McCormack
CONNY B. McCORMACK
Registrar-Recorder/County Clerk

SEP 17 2007

This copy not valid unless prepared on engraved border displaying the Seal and Signature of the Registrar-Recorder/County Clerk.



019592550



UNITED STATES BANKRUPTCY COURT DISTRICT OF DELAWARE

PROOF OF CLAIM

Name of Debtor: **Sam Zelli Tribune Company**

Case Number: _____

NOTE: This form should be filed in accordance with the provisions of the rules of the court and payment of the administrative expenses may be required by 11 U.S.C. § 501.

Name of Creditor: **Je Anna Carzoner McCormick**
Address: **PO Box 684, Pasadena California 91102**
342 North Atlantic Boulevard
Alhambra California 91803
Telephone Number: **626 318 0367**

Check this box to indicate that the claim is secured by a particular asset of the debtor.
Asset Class Number (if known): _____
Filed on: _____

Name and address of creditor should be same as Debtor's name above.
Same

Check this box if you are filing this claim as a secured claim. Attach a copy of the instrument which secures the claim.
Check this box if you are the debtor or trustee in this case.

Amount of Claim or of Other Case Filed: **150 Billion Dollars Estimated**
Date of filing of this claim (attach separate copy of a copy of the instrument which secures the claim if presented, or the original instrument if not presented).
Is this a part of an estate or trust? (Indicate name of estate or trust.)
Check this box if there is a lien or other charge in addition to the general assets of the debtor. Attach separate statement of nature of charge.

Amount of Claim Limited by Priority under 11 U.S.C. § 507: If any portion of your claim falls in any of the following categories, check the box and state the amount.
Specify the priority of the claim.

Is this a claim for: **Heir/Beneficiary and ownership (owner)**
100% percent ownership
List the date of any number by which another claimant claims: **6088**
Is Debtor any lien or other charge in addition to the general assets of the debtor? (Check appropriate box on reverse side.) **(UNK)**

Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (B)?
Rights, titles, or interests up to \$10,000 earned within 180 days before filing of the bankruptcy petition in connection with the debtor's business, including a motor vehicle, 11 U.S.C. § 507(a)(2)(B).
Contributions to an education benefit plan, 11 U.S.C. § 507(a)(2)(C).

Secured Claim (See instructions at reverse side.)
Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the required information.
Nature of property or right of setoff: **Intelligent Property Contract Fraud**
Description: **Estimate of value of property: \$150 Billion**
Amount of secured claim: **ownership**
Amount of unsecured claim: **(unk)**

Up to \$2,000 of deposits under FDIC-insured banks or insured credit unions for personal funds, or household use, 11 U.S.C. § 507(a)(7).
Claims in connection with governmental units, 11 U.S.C. § 507(a)(8).
Other (Specify applicable provision of 11 U.S.C. § 507(a)).

Check this box if the amount of the property in this claim has been provided for the purpose of paying the proof of claim.
Documents which indicate nature of any documents that support the claim, such as promissory notes, purchase order contracts, secured agreements of lending, releases, contracts, judgments, mortgages, and other instruments. The court also shall determine if any instrument is a fraudulent preference or preference of a creditor. You may also attach a summary (See Appendix of Tribunal on reverse side).

Amount verified by priority: _____

DO NOT SEND ORIGINAL DOCUMENTS ATTACHED DOCUMENTS MAY BE DESTROYED AFTER READING

Check this box if you are filing this claim as a secured claim. Attach a copy of the instrument which secures the claim.

Signature of Creditor: **[Signature]**
Signature of Debtor: _____
Date: **1/1/80**

Check this box if you are the debtor or trustee in this case.

COUNTY OF CLACKAMAS TRIBUNE COMPANY	
To Anna Cañazones McCormick OWNER P.O. Box 684 Pasadena CA 91102 342 North Atlantic Boulevard Alhambra CALIFORNIA 91801 626 289-3385 cell 626 203-9262	Check this box if you wish to file a claim for a stolen vehicle. If you do, you must file a claim with the insurance company first.
P.O. Box 684 Pasadena CA 91102 342 North Atlantic Boulevard Alhambra CA 91801 626 289-3385 cell 626 203-9262	Check this box if you wish to file a claim for a stolen vehicle. If you do, you must file a claim with the insurance company first.
Stolen Property owner of the Tribune Company and property real and personal property 50 Billion	Check this box if you wish to file a claim for a stolen vehicle. If you do, you must file a claim with the insurance company first.
Basis for Claim: <u>Ownership/owner/Heir/Beneficiary</u>	Check this box if you wish to file a claim for a stolen vehicle. If you do, you must file a claim with the insurance company first.
Last four digits of any number to which creditor's notice should be sent: <u>1111</u>	Check this box if you wish to file a claim for a stolen vehicle. If you do, you must file a claim with the insurance company first.
THE TRIBUNE COMPANY WAS STOLEN 50 Billion (REAL AND PERSONAL PROPERTY)	Check this box if you wish to file a claim for a stolen vehicle. If you do, you must file a claim with the insurance company first.
Amount of Property: <u>10 Billion</u>	Check this box if you wish to file a claim for a stolen vehicle. If you do, you must file a claim with the insurance company first.
Amount of Property: <u>40 Billion</u>	Check this box if you wish to file a claim for a stolen vehicle. If you do, you must file a claim with the insurance company first.
Date: <u>8/21/2000</u> Signature: <u>Anna McCormick</u>	Check this box if you wish to file a claim for a stolen vehicle. If you do, you must file a claim with the insurance company first.



Brighton Eye

2025 Kings Highway Brooklyn, NY 11229

Tel: 718 339 6868 Fax: 718 332 0444 718 627 0045

www.brightoneye.com

Fax: 718 627 7219

Millie R. Fell, MD, FACS

Medical & Surgical Director

Andrew R. Brookner, MD

Medical & Surgical Ophthalmology

Yelena Babayeva, OD

January 22, 2014

Jc Anna Canzoneri McCormick

542 North Atlantic Boulevard

Alhambra, CA 91801

To Whom It May Concern:

Ms. Anna Canzoneri McCormick underwent successful cataract extraction in both of her eyes at the Brooklyn Eye Surgery Center: the right on 10/29/2013 and the left on 11/15/2013. She did very well post-operatively. As of 12/05/2013 her visual acuity post operatively was OD 20/40 and OS 20/25.

If I can be of any further assistance, please don't hesitate to contact my office.

Sincerely,

Millie R. Fell, MD, FACS

Assistant Professor of Ophthalmology