Claim #43 Date Filed: 3/4/2020

Fill in this information to identify the case:					
Debtor 1 The McClatchy Company					
Debtor 2 (Spouse, if filing)					
United States Bankruptcy Court for the: Southern District of New York					
Case number 20-10418					

Official Form 410

Proof of Claim

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

1.	Who is the current creditor?	Ameren Illinois Name of the current creditor (the person or entity to be paid for this claim)							
		Other names the credito	r used with the debto	or					
2.	Has this claim been acquired from someone else?	No Yes. From whom	n?						
3.	Where should notices and payments to the	Where should notices to the creditor be sent?			Where should payments to the creditor be sent? (if different)				
	reditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Ameren Illinois			Ameren Illinois				
		Name			Name				
		2105 E State Ro	ute 104		2105 E State Route 104				
		Number Street		00550	Number Street		00550		
		Pawnee City	IL State	62558 ZIP Code	Pawnee City	IL State	62558 ZIP Co		
Ţ	ECEWED	Contact phone 888-678-2477		Contact phone 888-678-2477 Contact email e35133@ameren.com					
M	IAR 0 4 2020	Contact email e3513	33@ameren.co	<u>om</u>	Contact email 635	133@ameren.co	<u>m</u>		
	AMCARSONCONSULTANTS	Uniform claim identifier							
4. Does this claim amend one already filed? Yes. Claim number on court claims registry (if known) Filed on						Filed on	DD / YYYY		
5.	Do you know if anyone else has filed a proof of claim for this claim?	✓ No☐ Yes. Who made	the earlier filing?						

Official Form 410

□ No self addressed stamped envelop⊕roof of Claim
□ No copy to return



6.	Do you have any number you use to identify the debtor?	No Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor:					
7.	How much is the claim?	\$\$. Does this amount include interest or other charges? ✓ No — Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).					
8.	What is the basis of the claim?	Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). Limit disclosing information that is entitled to privacy, such as health care information. Utility Service					
9.	Is all or part of the claim secured?	No Yes. The claim is secured by a lien on property. Nature of property: Real estate. If the claim is secured by the debtor's principal residence, file a Mortgage Proof of Claim Attachment (Official Form 410-A) with this Proof of Claim. Motor vehicle Other. Describe:					
	RECEIVED	Amount necessary to cure any default as of the date of the petition: \$					
	MAR 0 4 2020	Annual Interest Rate (when case was filed)% □ Fixed □ Variable					
ř	URTZMANCARSONCONSULT						
10	. Is this claim based on a lease?	✓ No Yes. Amount necessary to cure any default as of the date of the petition. \$					
11	ls this claim subject to a right of setoff?	✓ No ☐ Yes. Identify the property:					

12. Is all or part of the claim entitled to priority under	☑ No					
11 U.S.C. § 507(a)?	Yes. Check		Amount entitled to priorit			
A claim may be partly priority and partly		Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).				
nonpriority. For example, in some categories, the law limits the amount entitled to priority.	Up to \$2,850* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).					
y.	☐ Wages, salaries, or commissions (up to \$12,850*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).					
	☐ Taxes	or penalties owed to governmental	units. 11 U.S.C. § 507(a)(8).		\$	
	☐ Contrib	outions to an employee benefit plan	. 11 U.S.C. § 507(a)(5).		\$	
	Other.	\$				
	 Other. Specify subsection of 11 U.S.C. § 507(a)() that applies. * Amounts are subject to adjustment on 4/01/19 and every 3 years after that for cases begun on or after the date of adjustment. 					
Part 3: Sign Below						
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The person completing this proof of claim must	Check the appr	•				
sign and date it. FRBP 9011(b).	I am the creditor.					
If you file this claim		editor's attorney or authorized age		204		
electronically, FRBP 5005(a)(2) authorizes courts to establish local rules	I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004. I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.					
specifying what a signature is.	I understand that an authorized signature on this <i>Proof of Claim</i> serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt. I have examined the information in this <i>Proof of Claim</i> and have a reasonable belief that the information is true and correct.					
A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5						
years, or both. 18 U.S.C. §§ 152, 157, and	I declare under penalty of perjury that the foregoing is true and correct.					
3571.	Exeg0 ed on date 02/26/2020					
	MM / DD / YYYY					
	Signature					
	Print the name	of the person who is completing	g and signing this claim:			
	Name	Christina Schierer				
		First name	Middle name	Last name		
	Title	Customer Service				
	Company	Ameren Illinois Identify the corporate servicer as the	a company if the authorized agent is	s a condoor		
DEPEMIEN		identity the corporate servicer as the	e company if the authorized agent is	s a servicer.		
NEUE VEU	Address	2105 E State Route 104				
MAD A 1 MAAA	Vagicas	Number Street				
MAR 0 4 2020		Pawnee	IL	62558		
		City	State	ZIP Code	-	
NAN CARSON CONSULTANTS	Contact phone	888-678-2477	Email e35	5133@amer	en.com	