

Fill in this information to identify the case:

Debtor 1 TRICOLOR AUTO GROUP, LLC

Debtor 2
(Spouse, if filing) _____

United States Bankruptcy Court for the: **Northern District of Texas**

Case number 25-33496-SWE

Official Form 410

Proof of Claim

04/16

Part 1: Identify the Claim

1. Who is the current creditor? CARROLLTON-FARMERS BRANCH INDEPENDENT SCHOOL DISTRICT
Name of the current creditor (the person or entity to be paid for this claim) _____
Other names the creditor used with the debtor _____
2. Has this claim been acquired from someone else? ☒ No
☐ Yes. From whom? _____
3. Where should notices and payments to the creditor be sent?
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)
- | Where should notices to the creditor be sent? | | | | Where should payments to the creditor be sent? (if different) | | | |
|----------------------------------------------------------|-----------|--------------|--|---------------------------------------------------------------|-----------|--------------|--|
| LINDA D. REECE | | | | CARROLLTON-FARMERS BRANCH INDEPENDENT SCHOOL DISTRICT | | | |
| Name <u>C/O PERDUE BRANDON FIELDER ET AL</u> | | | | Name <u>C/O PERDUE BRANDON FIELDER ET AL</u> | | | |
| <u>1919 S. SHILOH ROAD, SUITE 640, LB 40</u> | | | | <u>1919 S. SHILOH ROAD, SUITE 640, LB 40</u> | | | |
| Number | Street | | | Number | Street | | |
| <u>GARLAND</u> | <u>TX</u> | <u>75042</u> | | <u>Garland</u> | <u>TX</u> | <u>75042</u> | |
| City | State | ZIP Code | | City | State | ZIP Code | |
| Contact phone <u>(972) 278-8282</u> | | | | Contact phone _____ | | | |
| Contact email <u>LReece@pbfc.com</u> | | | | Contact email _____ | | | |
| Uniform claim identifier (if you use one): None
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4. Does this claim amend one already filed? ☒ No
☐ Yes. Claim number on court claims registry (if known) _____ Filed on MM / 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? _____



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Part 2: Give Information About the Claim as of the Date the Case Was Filed

6.	Do you have any number you use to identify the debtor?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor:	Please see attached statement.
7.	How much is the claim?	\$15,497.02	Does this amount include interest or other charges? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Tax statements on which this claim is founded are attached.
8.	What is the basis of the claim? <div style="text-align: center; margin-top: 20px;"> <u>Ad Valorem Property Taxes</u> </div>		
9.	Is all or part of the claim secured?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Claim secured by statutory tax lien provided by Sections 32.01 and 32.05 of the Texas Property Tax Code and Art. 8, Section 15 of the Texas Constitution.	Nature of property: <input type="checkbox"/> Real estate. <input type="checkbox"/> Motor vehicle <input checked="" type="checkbox"/> Other. Describe: <u>Personal Property</u> The debt is incurred January 1st of each year pursuant to Sections 32.01, 32.05, and 32.07 of the Texas Property Tax Code and is automatically perfected as a matter of law.
		Basis for perfection:	
	Value of property:	Fully Secured	
	Amount of the claim that is secured:	\$15,497.02	
	Amount of the claim that is unsecured:	(The sum of the secured and unsecured amounts should match the amount in line 7.)	
	Amount necessary to cure any default as of the date of the petition:		
	Annual Interest Rate (when case was filed) <u>12</u> % <input checked="" type="checkbox"/> Fixed Pursuant to 11 U.S.C. § 511, the rate determined under applicable nonbankruptcy law is set out in Texas Property Tax Code § 33.01 <input type="checkbox"/> Variable		
10.	Is this claim based on a lease?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____	
11.	Is this claim subject to a right of setoff?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: _____	

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

☒ No
☐ Yes.

Amount entitled to priority

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

☐ Taxes or penalties owed to governmental units, 11 U.S.C. § 507(a)(8), to the extent of any shortfall in collateral value, and for personal liability.

\$0.00

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(3) authorizes courts to establish local rules specifying what a signature is.

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.

Check the appropriate box:

☒ I am the creditor's attorney or authorized agent.

I understand that an authorized signature on this *Proof of Claim* 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 *Proof of Claim* and have a reasonable belief that the information is true and correct.

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

Executed on date 9/15/2025
MM / DD / YYYY



Signature

Print the name of the person who is completing and signing this claim:

Name	LINDA D. REECE		
	First name	Middle name	Last name
Title	Attorney for Claimant		
Company	Perdue, Brandon, Fielder, Collins & Mott, L.L.P.		
	Identify the corporate servicer as the company if the authorized agent is a servicer.		
Address	1919 S. SHILOH ROAD, SUITE 640, LB 40		
	Number	Street	
	GARLAND	TX	75042
	City	State	ZIP Code
Contact phone	(972) 278-8282		Email <u>LReece@pbfc.com</u>

Tax Statement

CARROLLTON-FARMERS BRANCH INDEPENDENT SCHOOL DISTRICT

P.O. BOX 110611
CARROLLTON, TX 75011

TRICOLOR AUTO GROUP LLC
4 FL00R
6021 CONNECTION DR
IRVING, TX 75039

Taxpayer ID: 93879

IF YOU ARE 65 YEARS OF AGE OR OLDER OR ARE DISABLED AND YOU OCCUPY THE PROPERTY DESCRIBED IN THIS DOCUMENT AS YOUR RESIDENCE HOMESTEAD, YOU SHOULD CONTACT THE APPRAISAL DISTRICT REGARDING ANY ENTITLEMENT YOU MAY HAVE TO A POSTPONEMENT IN THE PAYMENT OF THESE TAXES.

Tax Year		Tax Due	P and I	Total Due	
CARROLLTON-FARMERS BRANCH INDEPENDENT SCHOOL DISTRICT					
Legal: PERSONAL PROPERTY TRICOLOR AUTO GROUP LLC					
GEO Code: 99210514170000000			Client Property Code: 0000245442		
2025		\$15,497.02	\$0.00	\$15,497.02	est
CARROLLTON-FARMERS BRANCH INDEPENDENT SCHOOL DISTRICT TOTAL				\$15,497.02	
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Total If Paid By 9/30/2025				\$15,497.02	