

**Fill in this information to identify the case:**

Debtor Tricolor California Auto Group, LLC

United States Bankruptcy Court for the: Northern District of Texas  
(State)

Case number 25-33502

**Official Form 410  
Proof of Claim**

**04/25**

**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 or 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.**

**Part 1: Identify the Claim**

1. <b>Who is the current creditor?</b>	City of Bakersfield <hr/> Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor <u>The City of Bakersfield</u>	
2. <b>Has this claim been acquired from someone else?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. <b>Where should notices and payments to the creditor be sent?</b>  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<b>Where should notices to the creditor be sent?</b> City of Bakersfield Lacey Northrop PO BOX 2057 Bakersfield, CA 93303, USA  Contact phone <u>661-326-3928</u> Contact email <u>lnorthrop@bakersfieldcity.us</u>	<b>Where should payments to the creditor be sent? (if different)</b>  Contact phone _____ Contact email _____  Uniform claim identifier (if you use one): _____
4. <b>Does this claim amend one already filed?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ <div style="text-align: right; font-size: small;">MM / DD / YYYY</div>	
5. <b>Do you know if anyone else has filed a proof of claim for this claim?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	



**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?  No  
 Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: 3703 \_\_\_\_\_

7. How much is the claim? \$ 1054.50. 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.  
Trash and Sewer services

9. Is all or part of the claim secured?  No  
 Yes. The claim is secured by a lien on property.  
**Nature or property:**  
 Real estate: If the claim is secured by the debtor's principle residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.  
 Motor vehicle  
 Other. Describe: \_\_\_\_\_  
**Basis for perfection:** \_\_\_\_\_  
Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)  
**Value of property:** \$ \_\_\_\_\_  
**Amount of the claim that is secured:** \$ \_\_\_\_\_  
**Amount of the claim that is unsecured:** \$ \_\_\_\_\_ (The sum of the secured and unsecured amount 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) \_\_\_\_\_ %  
 Fixed  
 Variable

10. Is this claim based on a lease?  No  
 Yes. Amount necessary to cure any default as of the date of the petition. \$ \_\_\_\_\_

11. Is 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 11 U.S.C. § 507(a)?

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

No

Yes. Check all that apply:

Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

Up to \$3,800\* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).

Wages, salaries, or commissions (up to \$17,150\*) 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).

Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).

Other. Specify subsection of 11 U.S.C. § 507(a)( ) that applies.

Amount entitled to priority

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\* Amounts are subject to adjustment on 4/01/28 and every 3 years after that for cases begun on or after the date of adjustment.

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.

I am the creditor's attorney or authorized agent.

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.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgement 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 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 03/16/2026  
MM / DD / YYYY

/s/Lacey Northrop  
Signature

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

Name Lacey Northrop  
First name Middle name Last name

Title Accountant I

Company City of Bakersfield  
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address

Contact phone \_\_\_\_\_ Email \_\_\_\_\_



# Verita (KCC) ePOC Electronic Claim Filing Summary

For phone assistance: Domestic (866) 967-1783 | International (310) 751-2683

<b>Debtor:</b> 25-33502 - Tricolor California Auto Group, LLC		
<b>District:</b> Northern District of Texas, Dallas Division		
<b>Creditor:</b> City of Bakersfield Lacey Northrop PO BOX 2057  Bakersfield, CA, 93303 USA <b>Phone:</b> 661-326-3928 <b>Phone 2:</b>  <b>Fax:</b>  <b>Email:</b> Inorthrop@bakersfieldcity.us	<b>Has Supporting Documentation:</b> Yes, supporting documentation successfully uploaded <b>Related Document Statement:</b>	
	<b>Has Related Claim:</b> No <b>Related Claim Filed By:</b>	
	<b>Filing Party:</b> Authorized agent	
<b>Other Names Used with Debtor:</b> The City of Bakersfield	<b>Amends Claim:</b> No <b>Acquired Claim:</b> No	
<b>Basis of Claim:</b> Trash and Sewer services	<b>Last 4 Digits:</b> Yes - 3703	<b>Uniform Claim Identifier:</b>
<b>Total Amount of Claim:</b> 1054.50	<b>Includes Interest or Charges:</b> No	
<b>Has Priority Claim:</b> No	<b>Priority Under:</b>	
<b>Has Secured Claim:</b> No  <b>Based on Lease:</b> No  <b>Subject to Right of Setoff:</b> No	<b>Nature of Secured Amount:</b> <b>Value of Property:</b>  <b>Annual Interest Rate:</b>  <b>Arrearage Amount:</b>  <b>Basis for Perfection:</b>  <b>Amount Unsecured:</b>	
<b>Submitted By:</b> Lacey Northrop on 16-Mar-2026 2:45:50 p.m. Pacific Time  <b>Title:</b> Accountant I  <b>Company:</b> City of Bakersfield		

( 1/01/25 TO 9/10/25)

CUSTOMER: 273703 GANAS AUTO  
 TRICOLOR AUTO  
 6021 CONNECTION DR FLOOR  
 IRVING TX 75039

LOCATION: 933516 4608 RUDNICK CT

BALANCE: 4292.02

CYCLE/ROUTE: 01-01

STATUS: A

BUDGET TRANSACTIONS (\*)

DATE	TYPE	DESCRIPTION	PREVIOUS BALANCE	CURRENT AMOUNT	BILLED CONSUMPTION	TOTAL BILL AMOUNT
*****TRANSACTION*****						
8/29/25	BIL	CYCLE BILL	527.25			1054.50
		SS SEWER SURCHARGE FEE		56.94		
		SW 3 YD BIN 1 DAY/WK		188.54		
		SW COUNTY GATE FEE		45.18		
		SW BIN RENTAL - REFUSE		29.14		
		SW RECYCLING 1 DAY/WEEK		188.54		
		SW BIN RENT/RECYCLE 3CY		18.91		
		TOTAL ACTUAL CHGS		527.25		
*****						
7/30/25	BIL	CYCLE BILL	.00			527.25
		SS SEWER SURCHARGE FEE		56.94		
		SW 3 YD BIN 1 DAY/WK		188.54		
		SW COUNTY GATE FEE		45.18		
		SW BIN RENTAL - REFUSE		29.14		
		SW RECYCLING 1 DAY/WEEK		188.54		
		SW BIN RENT/RECYCLE 3CY		18.91		
		TOTAL ACTUAL CHGS		527.25		
*****						
7/28/25	PMT	MA BTAMAYO 07252509		586.06-		
*****						
7/07/25	BIL	CYCLE BILL	.00			586.06
		SS SEWER SURCHARGE FEE		56.94		
		SW 3 YD BIN 1 DAY/WK		188.54		
		SW COUNTY GATE FEE		45.18		
		SW BIN RENTAL - REFUSE		29.14		
		SW RECYCLING 1 DAY/WEEK		188.54		
		SW BIN RENT/RECYCLE 3CY		18.91		
		RETURN TRIP CHARGE		58.81		
		TOTAL ACTUAL CHGS		586.06		
*****						
7/01/25	PMT	MA JFIGUEROA 06302510		512.27-		
*****						
5/30/25	BIL	CYCLE BILL	.00			512.27
		SS SEWER SURCHARGE FEE		56.94		
		SW 3 YD BIN 1 DAY/WK		182.52		
		SW COUNTY GATE FEE		43.77		
		SW BIN RENTAL - REFUSE		28.21		
		SW RECYCLING 1 DAY/WEEK		182.52		

( 1/01/25 TO 9/10/25)

CUSTOMER: 273703 GANAS AUTO  
 LOCATION: 933516 4608 RUDNICK CT

DATE	TYPE	DESCRIPTION	PREVIOUS BALANCE	CURRENT AMOUNT	BILLED CONSUMPTION	TOTAL BILL AMOUNT
		SW BIN RENT/RECYCLE 3CY		18.31		
		TOTAL ACTUAL CHGS		512.27		
5/22/25	PMT	MA BTAMAYO 05212509		512.27-		
*****						
4/29/25	BIL	CYCLE BILL	.00			512.27
		SS SEWER SURCHARGE FEE		56.94		
		SW 3 YD BIN 1 DAY/WK		182.52		
		SW COUNTY GATE FEE		43.77		
		SW BIN RENTAL - REFUSE		28.21		
		SW RECYCLING 1 DAY/WEEK		182.52		
		SW BIN RENT/RECYCLE 3CY		18.31		
		TOTAL ACTUAL CHGS		512.27		
4/25/25	PMT	MA EORNELAS 04242508		507.23-		
*****						
3/31/25	BIL	CYCLE BILL	.00			507.23
		SS SEWER SURCHARGE FEE		51.90		
		SW 3 YD BIN 1 DAY/WK		182.52		
		SW COUNTY GATE FEE		43.77		
		SW BIN RENTAL - REFUSE		28.21		
		SW RECYCLING 1 DAY/WEEK		182.52		
		SW BIN RENT/RECYCLE 3CY		18.31		
		TOTAL ACTUAL CHGS		507.23		
3/25/25	PMT	MA EORNELAS 03242508		507.23-		
2/28/25	PMT	MA JTULLOSS 02272511		507.23-		
*****						
2/26/25	BIL	CYCLE BILL	507.23			1014.46
		SS SEWER SURCHARGE FEE		51.90		
		SW 3 YD BIN 1 DAY/WK		182.52		
		SW COUNTY GATE FEE		43.77		
		SW BIN RENTAL - REFUSE		28.21		
		SW RECYCLING 1 DAY/WEEK		182.52		
		SW BIN RENT/RECYCLE 3CY		18.31		
		TOTAL ACTUAL CHGS		507.23		
*****						
1/30/25	BIL	CYCLE BILL	512.30			507.23
		SS SEWER SURCHARGE FEE		51.90		
		SW 3 YD BIN 1 DAY/WK		182.52		
		SW COUNTY GATE FEE		43.77		
		SW BIN RENTAL - REFUSE		28.21		
		SW RECYCLING 1 DAY/WEEK		182.52		
		SW BIN RENT/RECYCLE 3CY		18.31		
		TOTAL ACTUAL CHGS		507.23		
1/30/25	PMT	MA JTULLOSS 01292511		512.30-		

( 1/01/25 TO 9/10/25)

CUSTOMER: 273703 GANAS AUTO  
 LOCATION: 933516 4608 RUDNICK CT

*****TRANSACTION*****			PREVIOUS	CURRENT	BILLED	TOTAL BILL
DATE	TYPE	DESCRIPTION	BALANCE	AMOUNT	CONSUMPTION	AMOUNT
*****						
1/02/25	BIL	CYCLE BILL	507.23			512.30
		SS SEWER SURCHARGE FEE		51.90		
		SW 3 YD BIN 1 DAY/WK		182.52		
		SW COUNTY GATE FEE		43.77		
		SW BIN RENTAL - REFUSE		28.21		
		SW RECYCLING 1 DAY/WEEK		182.52		
		SW BIN RENT/RECYCLE 3CY		18.31		
		FINANCE CHARGE		4.55		
		FINANCE CHARGE		.52		
		TOTAL ACTUAL CHGS		512.30		

1/02/25 PMT MA JFIGUEROA 12302410 507.23-

TOTALS BY CATEGORY

MA Payments . . . . .	:	4151.82-
TOTAL PAYMENTS . . . . .	:	4151.82-
TOTAL ADJUSTMENTS . . . . .	:	.00
SS Charges . . . . .	:	492.30
SW Charges . . . . .	:	4142.91
Other Charges . . . . .	:	63.88
TOTAL CHARGES . . . . .	:	4699.09
TOTAL TRANSFER BALANCE FROM . . . . .	:	.00
TOTAL TRANSFER BALANCE TO . . . . .	:	.00