C

1. NAME OF COMMITTEE (in full) TYPE OR PRINT

Example: If typing, type over the lines.

2. FEC IDENTIFICATION NUMBER

   Example: If typing, type over the lines.

3. IMPORTANT—By checking this box, the committee verifies that it qualifies as a “terminating committee” as that term is defined in 11 CFR 116.1(a), plans to terminate and does not intend to raise contributions or make expenditures except for the purpose of paying winding-down costs and retiring its debts. (Only a terminating committee may settle debts for less than the full amount owed. A committee that plans to continue raising contributions and making expenditures cannot file this form.)

4. Cash on Hand as of is

5. Total Assets to be Liquidated

6. Total (Add 4 and 5)

7. Year To Date Receipts

8. Year To Date Disbursements

9. Total Amount of Debts Owed by the Committee

10. Total Number of Creditors Owed

11. Number of Creditors in Part II of this Plan

12. Total Amount of Debts Owed to the Creditors in Part II of this Plan

13. Total Amount to be Paid to Creditors in Part II of this Plan

14. If this is an authorized committee, does the candidate have other authorized committees?
   No □   Yes □
   If yes, please list below and use DSP Supplemental Page for additional entries:

Name of Committee ▲

FEC Identification Number ▲
15. Does the committee have sufficient funds to pay the total amount indicated in this Plan?  
   If no, please indicate what steps will be taken to obtain the funds: ▼

16. After disposing of all the committee’s debts and obligations, will there be any residual funds?  
   If yes, please indicate how the funds will be disbursed: ▼

17. Has the committee been released from any debts included in this Debt Settlement Plan pursuant to a discharge under 11 USC Chapter 7 by a Bankruptcy Court? If so, please attach a copy of the order(s) and a list of debts so released.

I certify that I have examined this Plan and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Signature of Treasurer Date

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Plan to the penalties of 52 USC §30109.
A. FULL NAME AND MAILING ADDRESS OF CREDITOR

ADDRESS (number and street)

CITY ▲  STATE ▲  ZIP CODE ▲

B. DATE(S) INCURRED ........................................................................................................

M / D / Y Y Y Y

C. AMOUNT OWED TO CREDITOR ...................................................................................

D. AMOUNT OFFERED IN SETTLEMENT ........................................................................

E. TYPE OF CREDITOR

Incorporated Commercial Vendor ☐ Unincorporated Commercial Vendor ☐

Candidate ☐ Committee Employee ☐ Other Individual ☐

F. LIST EFFORTS MADE BY THE COMMITTEE TO PAY THE DEBT ▼
Write or Type Name of Committee Filing this Plan

FEC Identification Number ▶ C

PART II – CREDITOR SECTION
(TO BE FILLED OUT BY CREDITOR)

FULL NAME AND MAILING ADDRESS OF CREDITOR

ADDRESS (number and street)

CITY ▲ STATE ▲ ZIP CODE ▲

A. List terms of the initial extension of credit and nature of the debt. ▼

Were the terms under which credit was extended to the committee similar to those under which the creditor extended credit to non-political debtors of similar risk and obligation size? □ No □ Yes

Describe the terms of credit extension by the creditor to non-political debtors of similar risk and obligation size: ▼

B. Did the creditor agree to provide the committee additional time to pay beyond the original due date(s)? □ No □ Yes

If yes, list the terms of any additional payment agreement(s): ▼

C. If the creditor is a commercial vendor, does the creditor’s usual and normal business involve providing the same type(s) of goods or services that it provided to the committee? □ No □ Yes

D. List steps by the creditor to collect the debt: ▼
Write or Type Name of Committee Filing this Plan

FULL NAME AND MAILING ADDRESS OF CREDITOR

ADDRESS (number and street) .................................................................

CITY ▲  STATE ▲  ZIP CODE ▲

E. If the creditor is a commercial vendor:

1. Did the vendor follow its established procedures and past practices in approving the extension of credit? ............... No [ ] Yes [ ]

2. Has the creditor previously extended credit to the committee? ................................................................. No [ ] Yes [ ]

   If yes, did it receive prompt payment in full? ................................................................................................. No [ ] Yes [ ]

3. Did the creditor extend credit in conformity to the usual and normal practice in the creditor's trade or industry? .... No [ ] Yes [ ]

F. Was the effort made by the creditor to collect the debt similar to other debts collection efforts against non-political debtors in similar circumstances? If no, please explain ...................................................................................................................

G. Are the terms of the debt settlement comparable to other settlements made by the creditor with other non-political debtors in similar circumstances? If no, please explain ...................................................................................................................

As the creditor or a representative of the creditor, I hereby accept the settlement offer made to me by the committee and upon payment agree to consider the debt satisfied (or attach a copy of the signed statement).

Type or Print Name of Creditor or Representative ___________________________________________________________

Title

Telephone Number ______________________________ E-Mail Address ______________________________

Signature of Creditor or Representative _________________________________________________________________ Date M M / D D / Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Plan to the penalties of 52 USC §30109.
**DEBT SETTLEMENT PLAN**

**PART III - LIST OF REMAINING DEBTS**

<table>
<thead>
<tr>
<th>FULL NAME, MAILING ADDRESS AND ZIP CODE OF CREDITOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADDRESS (number and street)</td>
</tr>
<tr>
<td>CITY ▲</td>
</tr>
<tr>
<td>STATE ▲</td>
</tr>
<tr>
<td>ZIP CODE ▲</td>
</tr>
</tbody>
</table>

1. **Type Of Creditor**
   - Incorporated Commercial Vendor
   - Unincorporated Commercial Vendor
   - Other Individual
   - Candidate
   - Repayment Obligation to U.S. Treasury of Presidential Candidate
   - Committee Employee

2. **Is This A Disputed Debt?**
   - No
   - Yes

3. **Amount Owed to Creditor**

4. **Amount Expected to Pay/Offer**

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**DOES THE COMMITTEE HAVE SUFFICIENT FUNDS TO PAY THE REMAINING AMOUNTS TO BE PAID OR OFFERED?**

- Yes
- No (Please list steps that will be taken to obtain the funds)

Reproduce this page to list additional remaining debts.
The information listed below is supplemental to PART _____, LINE _____ on PAGE _____:

The information listed below is supplemental to PART _____, LINE _____ on PAGE _____: