

**FEC
FORM 8**

(Revised 01/2018)

DEBT SETTLEMENT PLAN

Office Use Only

1. **NAME OF COMMITTEE** (in full) **TYPE OR PRINT** ▼ Example: If typing, type over the lines.

ADDRESS (number and street) _____

Check if different than previously reported. (ACC)

_____ - _____

CITY ▲

STATE ▲

ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER** ▶

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.)

PART I - COMMITTEE SUMMARY INFORMATION

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 ▶

Write or Type Name of Committee Filing this Plan

FEC Identification Number ▶

C _____

PART II - CREDITOR SUMMARY INFORMATION
(FILL OUT FOR EACH CREDITOR IN PLAN)

A. FULL NAME AND MAILING ADDRESS OF CREDITOR

ADDRESS (number and street)

CITY ▲

STATE ▲

_____-____

ZIP CODE ▲

B. DATE(S) INCURRED

M M / D 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

FEC Identification Number ▶

C _____

PART II - CREDITOR SECTION (continued)
(TO BE FILLED OUT BY CREDITOR)

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 ▼ No Yes

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 ▼ No Yes

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

MM / DD / YYYY

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

Office Use Only								
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Write or Type Name of Committee Filing this Plan

[Grid for Name of Committee]

FEC Identification Number ▶

C

[Grid for FEC Identification Number]

PART III - LIST OF REMAINING DEBTS

FULL NAME, MAILING ADDRESS AND ZIP CODE OF CREDITOR

[Grid for Full Name, Mailing Address and Zip Code of Creditor]

ADDRESS (number and street)

[Grid for Address (number and street)]

[Grid for City]

[Grid for State]

[Grid for Zip Code]

CITY ▲

STATE ▲

ZIP CODE ▲

1. Type Of Creditor

Incorporated Commercial Vendor

Other Individual

Repayment Obligation to U.S. Treasury of Presidential Candidate

Unincorporated Commercial Vendor

Candidate

Committee Employee

2. Is This A Disputed Debt?

If yes, describe the nature of dispute and status of efforts to resolve ▼

No
 Yes

3. Amount Owed to Creditor.....

[Grid for Amount Owed to Creditor]

4. Amount Expected to Pay/Offer

[Grid for Amount Expected to Pay/Offer]

FULL NAME, MAILING ADDRESS AND ZIP CODE OF CREDITOR

[Grid for Full Name, Mailing Address and Zip Code of Creditor]

ADDRESS (number and street)

[Grid for Address (number and street)]

[Grid for City]

[Grid for State]

[Grid for Zip Code]

CITY ▲

STATE ▲

ZIP CODE ▲

1. Type Of Creditor

Incorporated Commercial Vendor

Other Individual

Repayment Obligation to U.S. Treasury of Presidential Candidate

Unincorporated Commercial Vendor

Candidate

Committee Employee

2. Is This A Disputed Debt?

If yes, describe the nature of dispute and status of efforts to resolve ▼

No
 Yes

3. Amount Owed to Creditor.....

[Grid for Amount Owed to Creditor]

4. Amount Expected to Pay/Offer

[Grid for Amount Expected to Pay/Offer]

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) ▶

[Grid for steps to obtain funds]

Write or Type Name of Committee Filing this Plan

FEC Identification Number ▶

C _____

SUPPLEMENTAL PAGE (use if needed to supplement information provided in the Plan)

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

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