## DEBT SETTLEMENT PLAN

### PART I - COMMITTEE SUMMARY INFORMATION

1. **NAME OF COMMITTEE** (in full)  
   
2. **FEC IDENTIFICATION NUMBER**  
   Example: If typing, type over the lines.  
   
3. **ADDRESS** (number and street)  
   Check if different than previously reported. (ACC)  
   
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?  
   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 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.
PART II - CREDITOR SUMMARY INFORMATION
(FILL OUT FOR EACH CREDITOR IN PLAN)

A. FULL NAME AND MAILING ADDRESS OF CREDITOR

Write or Type Name of Committee Filing this Plan

FEC Identification Number ▶

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

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 ▼
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? □ Yes □ No

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)? □ Yes □ No

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? □ Yes □ No

D. List steps by the creditor to collect the debt: ▼
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

Signature of Creditor or Representative

Date

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Plan to the penalties of 52 USC §30109.
## 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
   - Other Individual
   - Unincorporated Commercial Vendor
   - 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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**Full Name, Mailing Address and Zip Code of Creditor**

1. **Type Of Creditor**
   - Incorporated Commercial Vendor
   - Other Individual
   - Unincorporated Commercial Vendor
   - 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**

**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 _____ :