## FEC FORM 8

## **DEBT SETTLEMENT PLAN**

(Revised 01/2018)

Office Use Only

NAME OF COMMITTEE (in full)	TYPE OR PRINT▼	Example: If typin	g, type over the lines.	12FE4M5
ADDRESS (number and street)				
Check if different than previously				
reported. (ACC)	CITY	, <b>A</b>	STATE A	ZIP CODE ▲
in 11 CFR 116.1(a)	checking this box, the committee, plans to terminate and does	not intend to raise contr	ributions or make expe	nmittee" as that term is defined nditures except for the purpose bts for less than the full amount
	e that plans to continue raising	contributions and mak	sing expenditures canno	
	PART I - COMMIT	TEE SUMMARY IN	FORMATION	
4. Cash on Hand as	of M M / D D / Y	is	, , , , ,	
5. Total Assets to be	Liquidated		, , , , , ,	,
6. Total (Add 4 and 5	)		, , , , ,	,
7. Year To Date Recei	ipts		7	7
8. Year To Date Disbu	ırsements		7	7
9. Total Amount of De	ebts Owed by the Committee		,	7
10. Total Number of Ci	reditors Owed		7	7
11. Number of Creditor	rs in Part II of this Plan		,	, , , ,
12. Total Amount of De	ebts Owed to the Creditors in	Part II of this Plan	, , , , ,	,
13. Total Amount to be	Paid to Creditors in Part II of	this Plan	,	9
	committee, does the candidate and use DSP Supplemental F			No Yes
Name of Committee ▲		FEC Identification Nun	nber ▶ C	

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Write	or Type Name of Committee Filing this Plan	
	FEC Identification Number ► C	
	PART I - COMMITTEE SUMMARY INFORMATION (continued)	
	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: ▼  No	Yes
	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: ▼  No	Yes
4.7	Here the committee have unlessed from any debte included in this Debt Colling and Discount	
	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.	Yes
l certit	ify that I have examined this Plan and to the best of my knowledge and belief it is true, correct and com	nplete.
Type o	or Print Name of Treasurer	
Signat	ature of Treasurer Date	D D / Y Y Y
NOTE:	: Submission of false, erroneous, or incomplete information may subject the person signing this Plan to the per	nalties of 52 USC §30109.
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Write or Type Name of Committee Filing	this Plan	
	FEC Identification	n Number ► C
P.	ART II - CREDITOR SUMMARY INFORI (FILL OUT FOR EACH CREDITOR IN P	
A. FULL NAME AND MAILING ADDRESS	S OF CREDITOR	
ADDRESS (number and street)		
	CITY A	STATE A ZIP CODE A
B. DATE(S) INCURRED		M M / D D / Y Y Y Y
C. AMOUNT OWED TO CREDITOR		
D. AMOUNT OFFERED IN SETTLEMEN	IT	
E. TYPE OF CREDITOR		
Incorporated Commercial Vendor	Unincorporated Commercial Vendor	
Candidate	Committee Employee	Other Individual
F. LIST EFFORTS MADE BY THE COM	MITTEE TO PAY THE DEBT ▼	

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l	FEC Form 8 (Revised 01.	/2018)	DEBT SETTLE	MENT PLAN		Page	of
Write o	r Type Name of Commit	tee Filing this F	Plan				
				FEC Identification	Number ► C		
			PART II - CRED (TO BE FILLED OU				
FULL N	AME AND MAILING ADD	DRESS OF CRE	EDITOR				
ADDF	RESS (number and street)						
			CITY A		STATE A	ZIP COI	DE A
A.	List terms of the initial	extension of cr	redit and nature of the	debt. ▼			
	Were the terms under which the creditor exte					No	Yes
	Describe the terms of	credit extension	n by the creditor to not	n-political debtors of	similar risk and obl	igation size: •	7
B.	Did the creditor agree	-			ne original due date	(s)? No	Yes
C.	If the creditor is a com the same type(s) of good				ness involve providi	ng No	Yes
D.	List steps by the credit	or to collect th	ne debt: ▼				

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Wr	ite or Type Name of Committee Filing this Plan			
L				
	FEC Identification Number ▶ C			
	PART II - CREDITOR SECTION (continued) (TO BE FILLED OUT BY CREDITOR)			
FUI	LL NAME AND MAILING ADDRESS OF CREDITOR			
A	ADDRESS (number and street)			
	CITY ▲ STATE ▲ ZIP C	CODE A	<b>\</b>	
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	M M / D D / 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.

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Write or Type Name of C	ommittee Filing this Plan		
		FEC Identification Number ▶ C	
	PART III - LIST OF	F REMAINING DEBTS	
FULL NAME, MAILING AD	DRESS AND ZIP CODE OF CREDITOR		
ADDRESS (number and s	treet)		
	CITY A	STATE A	ZIP CODE A
1. Type Of Creditor	Incorporated Other Individua Commercial Vendor	Repayment Obligation to U.S. Treasury of Presidential Candidate	
	Unincorporated Commercial Vendor Candidate	Committee Employee	
2. Is This A Disputed	2001	unt Owed to Creditor	,
If yes, describe the of dispute and star efforts to resolve	tus of Ves 4 Amer	unt Expected to Pay/Offer	
FULL NAME, MAILING AD  ADDRESS (number and s  1. Type Of Creditor  2. Is This A Disputed If yes, describe the of dispute and sta efforts to resolve \( \)	CITY A Incorporated Commercial Vendor Unincorporated Commercial Vendor Candidate  Debt? No anature tus of Ves	STATE A	ZIP CODE A
Yes  No (Please list ste	ps that will	REMAINING AMOUNTS TO BE PAID OR OF	FERED?
be taken to o	otain the funds)   Reproduce this page to li	ist additional remaining debts.	

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Write or Type Name of Committee Filing this Pl	lan	
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SUPPLEMENTAL PAGE (L	use if needed to supplement information provided in the	he Plan)
The information listed below is supplemental to P	PART , LINE on PAGE :	
The information listed below is supplemental to P	PART , LINE on PAGE :	