

**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. 12FE4M5

ADDRESS (number and street) _____

Check if different than previously reported. (ACC)

_____ - _____

CITY ▲

STATE ▲

ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER** ▶ C _____

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 M M / D D / Y Y Y Y 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 ▶ C _____

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

[Grid line for name entry]

FEC Identification Number ▶

C [Grid line for ID number]

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

FULL NAME AND MAILING ADDRESS OF CREDITOR

[Grid line for name entry]

[Grid line for name entry]

ADDRESS (number and street)

[Grid line for address entry]

[Grid line for address entry]

[Grid line for city entry]

[Grid line for state entry]

[Grid line for zip code entry]

CITY ▲

STATE ▲

ZIP CODE ▲

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

[Large shaded area for terms of debt extension]

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: ▼

[Large shaded area for description of credit extension terms]

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): ▼

[Large shaded area for additional payment agreement terms]

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: ▼

[Large shaded area for steps to collect debt]

Write or Type Name of Committee Filing this Plan

[Grid for Name]

FEC Identification Number ▶

C [Grid]

PART III - LIST OF REMAINING DEBTS

FULL NAME, MAILING ADDRESS AND ZIP CODE OF CREDITOR

[Grid for Name]

ADDRESS (number and street)

[Grid for Address]

[Grid for City, State, ZIP]

CITY ▲

STATE ▲

ZIP CODE ▲

1. Type Of Creditor

- 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]

4. Amount Expected to Pay/Offer

[Grid for Amount Expected]

FULL NAME, MAILING ADDRESS AND ZIP CODE OF CREDITOR

[Grid for Name]

ADDRESS (number and street)

[Grid for Address]

[Grid for City, State, ZIP]

CITY ▲

STATE ▲

ZIP CODE ▲

1. Type Of Creditor

- 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]

4. Amount Expected to Pay/Offer

[Grid for Amount Expected]

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]

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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