

# DEBT SETTLEMENT PLAN

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2014 FEB 24 AM 11:31

FEC MAIL CENTER

NAME OF COMMITTEE <b>LIBERTY UNLEASHED</b>
ADDRESS <b>26071 TALEGA AVE</b>
CITY, STATE AND ZIP CODE <b>LAGUNA HILLS, CA 92653</b>

FEC I.D. NUMBER <b>C0052482</b>
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**PART I - COMMITTEE SUMMARY INFORMATION**

1. CASH ON HAND AS OF <u>1/31/2014</u>	<b>\$0</b>	6. TOTAL AMOUNT OF DEBTS OWED BY THE COMMITTEE	<b>\$0</b>
2. TOTAL ASSETS TO BE LIQUIDATED	<b>\$0</b>	7. TOTAL NUMBER OF CREDITORS OWED	<b>0</b>
3. TOTAL (ADD 1 AND 2)	<b>\$0</b>	8. NUMBER OF CREDITORS IN PART II OF THIS PLAN	<b>1</b>
4. YEAR TO DATE RECEIPTS	<b>\$0</b>	9. TOTAL AMOUNT OF DEBTS OWED TO THE CREDITORS IN PART II OF THIS PLAN	<b>\$26,556.14</b>
5. YEAR TO DATE DISBURSEMENTS	<b>\$9,828.68</b>	10. TOTAL AMOUNT TO BE PAID TO CREDITORS IN PART II OF THIS PLAN	<b>\$9,828.68</b>

11. IS THE COMMITTEE TERMINATING ITS ACTIVITIES?

YES  NO

IF YES, WHEN DOES THE COMMITTEE EXPECT TO FILE A TERMINATION REPORT? IF NO, COMMITTEE IS NOT ELIGIBLE TO FILE A DEBT SETTLEMENT PLAN (SEE INSTRUCTIONS).

**FILED ON 1/31/2014**

12. IF THIS IS AN AUTHORIZED COMMITTEE, DOES THE CANDIDATE HAVE OTHER AUTHORIZED COMMITTEES?

YES  NO

IF YES, LIST BELOW.

13. DOES THE COMMITTEE HAVE SUFFICIENT FUNDS TO PAY THE TOTAL AMOUNT INDICATED IN THIS PLAN?

YES  NO

IF NO, WHAT STEPS WILL BE TAKEN TO OBTAIN THE FUNDS?

14. HAS THE COMMITTEE FILED PREVIOUS DEBT SETTLEMENT PLANS?

YES  NO

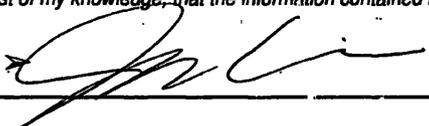
15. AFTER DISPOSING OF ALL THE COMMITTEE'S DEBTS AND OBLIGATIONS, WILL THERE BE ANY RESIDUAL FUNDS?

YES  NO

IF YES, HOW WILL THE FUNDS BE DISBURSED?

*I certify, to the best of my knowledge, that the information contained in this Debt Settlement Plan is true, correct and complete.*

SIGNATURE OF  
TREASURER OF  
COMMITTEE



DATE

**2/7/2014**

**FEC FORM 8**

(Revised 1/2001)

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# DEBT SETTLEMENT PLAN

PART II

NAME OF COMMITTEE LIBERTY UNLEASHED	FEC I.D. NUMBER C0052482	PAGE 2	OF 3
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### CREDITOR SUMMARY INFORMATION (FILL OUT FOR EACH CREDITOR IN PLAN)

FULL NAME AND MAILING ADDRESS OF CREDITOR	DATE INCURRED	AMOUNT OWED TO CREDITOR	AMOUNT OFFERED IN SETTLEMENT
FLORIDA STATE FAIR AUTHORITY PO BOX 11766 TAMPA, FL 33680	8/24/2012	\$26,556.14	\$9,828.68

TYPE OF CREDITOR:

- INCORPORATED COMMERCIAL VENDOR     UNINCORPORATED COMMERCIAL VENDOR     CANDIDATE     COMMITTEE EMPLOYEE     OTHER INDIVIDUAL

#### A. TERMS OF THE INITIAL EXTENSION OF CREDIT AND NATURE OF THE DEBT

FACILITY RENTAL FEES.

#### B. EFFORTS MADE BY THE COMMITTEE TO PAY THE DEBT

OCCASIONAL PAYMENTS WERE MADE.

#### C. STEPS TAKEN BY THE CREDITOR TO COLLECT THE DEBT

CONTACTS VIA PHONE/EMAIL.

### CREDITOR SECTION (TO BE FILLED OUT BY CREDITOR)

#### D. WAS THE EFFORT MADE BY THE CREDITOR TO COLLECT THE DEBT SIMILAR TO OTHER DEBT COLLECTION EFFORTS AGAINST NONPOLITICAL DEBTORS?

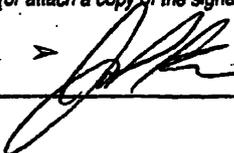
YES     NO    IF NO, PLEASE EXPLAIN

#### E. ARE THE TERMS OF THE DEBT SETTLEMENT COMPARABLE TO OTHER SETTLEMENTS MADE BY THE CREDITOR WITH OTHER NONPOLITICAL DEBTORS?

YES     NO    IF NO, PLEASE EXPLAIN

As 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 settlement).

SIGNATURE OF  
CREDITOR OR  
REPRESENTATIVE

  
Director of Finance  
Florida State Fair Authority

DATE

2/6/14

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# DEBT SETTLEMENT PLAN

## PART III

NAME OF COMMITTEE <b>LIBERTY UNLEASHED</b>	FEC I.D. NUMBER <b>C00522482</b>	PAGE <b>3</b>	OF <b>3</b>
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### LIST REMAINING DEBTS

A. FULL NAME, MAILING ADDRESS AND ZIP CODE OF CREDITOR	AMOUNT OWED TO CREDITOR	AMOUNT EXPECTED TO PAY/OFFER
<b>FLORIDA STATE FAIR AUTHORITY</b> <b>PO Box 11766</b> <b>TAMPA, FL 33680</b>	<b>\$26,556.14</b>	<b>\$9,828.68</b>
TYPE OF CREDITOR: <input checked="" type="checkbox"/> INCORPORATED COMMERCIAL VENDOR <input type="checkbox"/> UNINCORPORATED COMMERCIAL VENDOR <input type="checkbox"/> CANDIDATE <input type="checkbox"/> COMMITTEE EMPLOYEE <input type="checkbox"/> OTHER INDIVIDUAL		
IS THIS A DISPUTED DEBT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
B. FULL NAME, MAILING ADDRESS AND ZIP CODE OF CREDITOR	AMOUNT OWED TO CREDITOR	AMOUNT EXPECTED TO PAY/OFFER
TYPE OF CREDITOR: <input type="checkbox"/> INCORPORATED COMMERCIAL VENDOR <input type="checkbox"/> UNINCORPORATED COMMERCIAL VENDOR <input type="checkbox"/> CANDIDATE <input type="checkbox"/> COMMITTEE EMPLOYEE <input type="checkbox"/> OTHER INDIVIDUAL		
IS THIS A DISPUTED DEBT? <input type="checkbox"/> YES <input type="checkbox"/> NO		
C. FULL NAME, MAILING ADDRESS AND ZIP CODE OF CREDITOR	AMOUNT OWED TO CREDITOR	AMOUNT EXPECTED TO PAY/OFFER
TYPE OF CREDITOR: <input type="checkbox"/> INCORPORATED COMMERCIAL VENDOR <input type="checkbox"/> UNINCORPORATED COMMERCIAL VENDOR <input type="checkbox"/> CANDIDATE <input type="checkbox"/> COMMITTEE EMPLOYEE <input type="checkbox"/> OTHER INDIVIDUAL		
IS THIS A DISPUTED DEBT? <input type="checkbox"/> YES <input type="checkbox"/> NO		
D. FULL NAME, MAILING ADDRESS AND ZIP CODE OF CREDITOR	AMOUNT OWED TO CREDITOR	AMOUNT EXPECTED TO PAY/OFFER
TYPE OF CREDITOR: <input type="checkbox"/> INCORPORATED COMMERCIAL VENDOR <input type="checkbox"/> UNINCORPORATED COMMERCIAL VENDOR <input type="checkbox"/> CANDIDATE <input type="checkbox"/> COMMITTEE EMPLOYEE <input type="checkbox"/> OTHER INDIVIDUAL		
IS THIS A DISPUTED DEBT? <input type="checkbox"/> YES <input type="checkbox"/> NO		
E. FULL NAME, MAILING ADDRESS AND ZIP CODE OF CREDITOR	AMOUNT OWED TO CREDITOR	AMOUNT EXPECTED TO PAY/OFFER
TYPE OF CREDITOR: <input type="checkbox"/> INCORPORATED COMMERCIAL VENDOR <input type="checkbox"/> UNINCORPORATED COMMERCIAL VENDOR <input type="checkbox"/> CANDIDATE <input type="checkbox"/> COMMITTEE EMPLOYEE <input type="checkbox"/> OTHER INDIVIDUAL		
IS THIS A DISPUTED DEBT? <input type="checkbox"/> YES <input type="checkbox"/> NO		

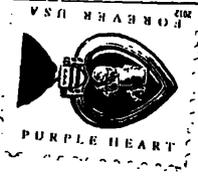
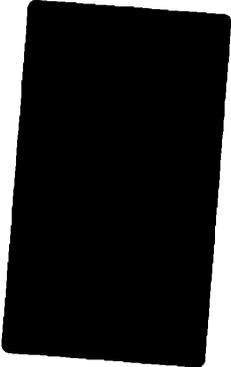
DOES THE COMMITTEE HAVE SUFFICIENT FUNDS TO PAY THE REMAINING AMOUNTS TO BE PAID OR OFFERED?

YES     NO    IF NO, WHAT STEPS WILL BE TAKEN TO OBTAIN THE FUNDS?

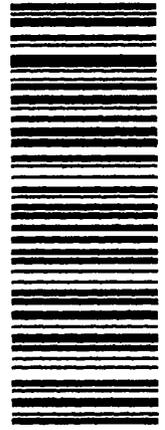
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JAE KM  
LIBERTY UNLEASHED  
6071 TALEGA AVE  
AGUNA HILLS, CA 92653



PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE  
**CERTIFIED MAIL™**



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FEDERAL ELECTIONS COMMITTEE  
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WASHINGTON D.C. 20463



Federal Election Commission  
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The FEC added this page to the end of this filing to indicate how it was received.

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Overnight Delivery Service (Specify): Shipping Date  
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Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

  
PREPARER

2/24/14  
DATE PREPARED

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