

**FEC  
FORM 8**

(Revised 01/2018)

**DEBT SETTLEMENT PLAN**

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2022 NOV 1 AM 10:07

1. **NAME OF COMMITTEE** (in full)      **TYPE OR PRINT**      Example: If typing, type over the lines.      12FE4M5

L A V E R N E G O R E F O R C O N G R E S S

ADDRESS (number and street)      90 PHEASANT RUN DRIVE

Check if different than previously reported. (ACC)

C H A G R I N F A L L S      O H      44022

CITY      STATE      ZIP CODE

2. **FEC IDENTIFICATION NUMBER**      C 0 0 7 2 4 6 0 9

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	06 ' 30 ' 2022	is	,	684.93
5. Total Assets to be Liquidated			,	0.00
6. Total (Add 4 and 5)			,	684.93
7. Year To Date Receipts			,	1,085.00
8. Year To Date Disbursements			,	452.98
9. Total Amount of Debts Owed by the Committee			,	5,800.00
10. Total Number of Creditors Owed			,	1.
11. Number of Creditors in Part II of this Plan			,	1.
12. Total Amount of Debts Owed to the Creditors in Part II of this Plan			,	5,800.00
13. Total Amount to be Paid to Creditors in Part II of this Plan			,	689.93

14. If this is an authorized committee, does the candidate have other authorized committees?      No       Yes

NONE

Name of Committee

FEC Identification Number      C N/A

NON-FEDERAL CAMPAIGN

Write or Type Name of Committee Filing this Plan

L A V E R N E G O R E F O R C O N G R E S S

FEC Identification Number ▶ C 0 0 7 2 4 6 0 9

PART I - COMMITTEE SUMMARY INFORMATION (continued)

- 15. Does the committee have sufficient funds to pay the total amount indicated in this Plan? No  Yes  
 If no, please indicate what steps will be taken to obtain the funds: ▼

No FURTHER ACTION WILL BE TAKEN TO OBTAIN ADDITIONAL FUNDS

- 16. After disposing of all the committee's debts and obligations, will there be any residual funds? No  Yes  
 If yes, please indicate how the funds will be disbursed: ▼

No RESIDUAL FUNDS

- 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. No  Yes

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 McCall, Larry J.

Signature of Treasurer *[Handwritten Signature]*

Date 08 30 2022

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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NON-PROFIT CORPORATION

Write or Type Name of Committee Filing this Plan

L A V E R N E G O R E F O R C O N G R E S S

FEC Identification Number ▶ C 0 0 7 2 4 6 0 9

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

A. FULL NAME AND MAILING ADDRESS OF CREDITOR

L A V E R N E G O R E

ADDRESS (number and street)

90 PHEASANT RUN DRIVE

CHAGRIN FALLS OH 44022-

CITY ▲

STATE ▲

ZIP CODE ▲

B. DATE(S) INCURRED ..... 0 3 ' 2 1 ' 2 0 2 1

C. AMOUNT OWED TO CREDITOR ..... , 5,800.00

D. AMOUNT OFFERED IN SETTLEMENT ..... , 684.93

E. TYPE OF CREDITOR

Incorporated Commercial Vendor

Unincorporated Commercial Vendor

Candidate X

Committee Employee

Other Individual

F. LIST EFFORTS MADE BY THE COMMITTEE TO PAY THE DEBT ▼

FUNDRAISING EFFORTS HAVE BEEN SUSPENDED.

NON-FUNCTIONING DOCUMENT

Write or Type Name of Committee Filing this Plan

L A V E R N E G O R E F O R C O N G R E S S

FEC Identification Number ▶ C 0 0 7 2 4 6 0 9

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

FULL NAME AND MAILING ADDRESS OF CREDITOR

L A V E R N E G O R E

ADDRESS (number and street)

90 PHEASANT RUN DRIVE

CHAGRIN FALLS

CITY ▲

OH

STATE ▲

44027-

ZIP CODE ▲

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

CANDIDATE LOAN

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

X

Describe the terms of credit extension by the creditor to non-political debtors of similar risk and obligation size: ▼

N/A

B. Did the creditor agree to provide the committee additional time to pay beyond the original due date(s)?

No

Yes

X

If yes, list the terms of any additional payment agreement(s): ▼

N/A

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

X

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

N/A

NON-POLITICAL DEBTORS

Write or Type Name of Committee Filing this Plan

LAVERNE GORE FOR CONGRESS

FEC Identification Number ▶ C00724609

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

FULL NAME AND MAILING ADDRESS OF CREDITOR

LAVERNE GORE

ADDRESS (number and street)

PO BOX 22649

BEACHWOOD

OH

44116

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 X

2. Has the creditor previously extended credit to the committee? No X Yes

If yes, did it receive prompt payment in full? No X Yes

3. Did the creditor extend credit in conformity to the usual and normal practice in the creditor's trade or industry? No Yes X

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 X

N/A

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 X

N/A

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 for attach a copy of the signed statement.

Type or Print Name of Creditor or Representative: LAVERNE GORE

CANDIDATE Title

Telephone Number: 440-447-0516

E-Mail Address: INFO@LAVERNEGORE4CONGRESS.COM

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.

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NON-POLITICAL DEBT SETTLEMENT

Write or Type Name of Committee Filing this Plan

L A V E R N E G O R E F O R C O N G R E S S

FEC Identification Number ▶ C 0 0 7 2 4 6 0 9

PART III - LIST OF REMAINING DEBTS

FULL NAME, MAILING ADDRESS AND ZIP CODE OF CREDITOR

N/A

ADDRESS (number and street)

CITY ▲

STATE ▲

ZIP CODE ▲

1. Type Of Creditor

Incorporated Commercial Vendor  
Unincorporated Commercial Vendor

Other Individual  
Candidate

Repayment Obligation to U.S. Treasury of Presidential 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

4. Amount Expected to Pay/Offer

FULL NAME, MAILING ADDRESS AND ZIP CODE OF CREDITOR

N/A

ADDRESS (number and street)

CITY ▲

STATE ▲

ZIP CODE ▲

1. Type Of Creditor

Incorporated Commercial Vendor  
Unincorporated Commercial Vendor

Other Individual  
Candidate

Repayment Obligation to U.S. Treasury of Presidential 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

4. Amount Expected to Pay/Offer

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

X Yes

No (Please list steps that will be taken to obtain the funds) ▶

Reproduce this page to list additional remaining debts.

NON-FUNCTIONAL DOCUMENT

Write or Type Name of Committee Filing this Plan

LAVERNE GORE FOR CONGRESS

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 \_\_\_\_\_ :

N/A

The information listed below is supplemental to PART \_\_\_\_\_, LINE \_\_\_\_\_ on PAGE \_\_\_\_\_ :

N/A

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Federal Election Commission  
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<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<i>WSD</i> PREPARER	<i>11/1/22</i> DATE PREPARED

(3/2015)

NON-FEDERAL ELECTION DOCUMENT