

FEC FORM 8

(Revised 01/2018)

DEBT SETTLEMENT PLAN

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2017 JUL 23

12FE4M5

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

Diehl for Senate

ADDRESS (number and street)

140 Box 5461

☐ Check if different than previously reported. (ACC)

Norwell

CITY ▲

MA

STATE ▲

02061-

ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER**

C00637611

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

07/01/2019

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:

No ☒ Yes ☐

Diehl for Senate

Name of Committee ▲

FEC Identification Number ▶

C00637611

NOT FOR CREDIT

Write or Type Name of Committee Filing this Plan

Dient for Senak

FEC Identification Number ▶

C00637611

PART I - COMMITTEE SUMMARY INFORMATION (continued)

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: ▼

No



Yes



The committee did letters + emails attempting to retire the debt.

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: ▼

No



Yes



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

Gregory Eaton

Signature of Treasurer



Date

MM/DD/YYYY
09/01/2019

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Plan to the penalties of 52 USC §30109.

Office
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Only

Dienstag, 6. September

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(FILL OUT FOR EACH CREDITOR IN PLAN)

Tuesday Associates

169 New Driftway

Scit water

CITY ▲

ma

STATE ▲

102066-

ZIP CODE ▲

MM / PD / YYY*

23 502 85

1000000

Incorporated Commercial Vendor

Unincorporated Commercial Vendor

☒

Candidate

Committee Employee

Other Individual

4

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

Tuesday Associates was paid \$5000 on 1.29.19
+ \$5000 on 11.26.2018.

The database was given to Tuesday Associates to retire the remaining debt.

Write or Type Name of Committee Filing this Plan

Briehl for Senate

FEC Identification Number ▶

C00437411

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

FULL NAME AND MAILING ADDRESS OF CREDITOR

Timesday Associates

ADDRESS (number and street)

60 New Driftway

Scituate

CITY ▲

MA

STATE ▲

02044

ZIP CODE ▲

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

Bills are due upon receipt. There are no penalties for failing to pay within 60 days.
 The debt was time for consulting + printing.
 As the manager, Holly volunteered the hours

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: ▼

Clients are given time to pay. When past due bills are not paid, no more time is spent on client until bills are paid

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): ▼

The committee was given 90 days.

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: ▼

Bills were submitted to committee with reminders.

NOT FOR CREDIT OR DEBIT

Write or Type Name of Committee Filing this Plan

Dietrich for Senate

FEC Identification Number ▶

C 00437611

PART II - CREDITOR SECTION (continued)

(TO BE FILLED OUT BY CREDITOR)

FULL NAME AND MAILING ADDRESS OF CREDITOR

Tuesday Associates

ADDRESS (number and street)

160 New Driftway

Scituate

CITY ▲

STATE ▲

ZIP CODE ▲

MA

02064-

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

Holly Robichaud Tuesday Associates Owner

Title

Telephone Number

281378 1798

E-Mail Address

Holly.robichaud@msn.ca

Signature of Creditor
or Representative

Holly Robichaud

Date

07 ' 09 ' 2019

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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

Mimi Crampton

ADDRESS (number and street)

7 Lockwood Road

Lexington

CITY ▲

MA

STATE ▲

02420-

ZIP CODE ▲

B. DATE(S) INCURRED

11 / 10 / 2018

C. AMOUNT OWED TO CREDITOR

5,000.00

D. AMOUNT OFFERED IN SETTLEMENT

2,425.18

E. TYPE OF CREDITORIncorporated Commercial Vendor ☐Unincorporated Commercial Vendor ☐Candidate ☐Committee Employee ☒Other Individual ☐**F. LIST EFFORTS MADE BY THE COMMITTEE TO PAY THE DEBT ▼**

mimi was paid \$1557.17 + \$868.01

As an employee of the campaign,
She volunteered the remaining balance

Write or Type Name of Committee Filing this Plan

Piehl for Senate

FEC Identification Number ▶

C 00637611

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

FULL NAME AND MAILING ADDRESS OF CREDITOR

Mimi Crampton

ADDRESS (number and street)

7 Lockwood Road

Lexington

CITY ▲

MA

STATE ▲

02420-1

ZIP CODE ▲

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

The debt was for time.
mimi volunteered her time

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: ▼

No work for non payment

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): ▼

The committee was given 90 days

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: ▼

Asked for payment

2018-01-01 10:00:00 AM

Write or Type Name of Committee Filing this Plan

Diehl for Senate

FEC Identification Number ▶

C00637611

PART II - CREDITOR SECTION (continued)

(TO BE FILLED OUT BY CREDITOR)

FULL NAME AND MAILING ADDRESS OF CREDITOR

Mimi Crampton

ADDRESS (number and street)

7 Lockwood Rd

Lexington

CITY ▲

MA

STATE ▲

02420-

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 ☐

It was a campaign. Volunteered the time

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 ☐Volunteered for campaign before getting paid.
Went back to volunteering

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

Mimi Crampton

Finance

Title

Telephone Number

339-223-4969

E-Mail Address

mccrampton@gmail.com

Signature of Creditor
or Representative

Date

09/01/2019

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Write or Type Name of Committee Filing this Plan

Diehl for Senate

FEC Identification Number ▶

C00637611

PART III - LIST OF REMAINING DEBTS

FULL NAME, MAILING ADDRESS AND ZIP CODE OF CREDITOR

Tuesday Associates

ADDRESS (number and street) 160 New Driftway

Dorchester

MA

02066-

ZIP CODE ▲

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?

☒ NoIf yes, describe the nature
of dispute and status of
efforts to resolve ▼☐ Yes

3. Amount Owed to Creditor.....

23,502.85

4. Amount Expected to Pay/Offer

10,000.00

FULL NAME, MAILING ADDRESS AND ZIP CODE OF CREDITOR

Mimi Gramaton

ADDRESS (number and street) 7 Lockwood Road

Lexington

MA

02420-

ZIP CODE ▲

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?

☒ NoIf yes, describe the nature
of dispute and status of
efforts to resolve ▼☐ Yes

3. Amount Owed to Creditor.....

41,319.99

4. Amount Expected to Pay/Offer

1,557.17

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.

Write or Type Name of Committee Filing this Plan

Dietl for Sena k

FEC Identification Number ▶

C 06637611

SUPPLEMENTAL PAGE (use if needed to supplement information provided in the Plan)The information listed below is supplemental to **PART** _____, **LINE** _____ on **PAGE** _____ :The information listed below is supplemental to **PART** _____, **LINE** _____ on **PAGE** _____ :

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Diehl for Senate
PO Box 5461
Norwell, MA 02061

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- ☒ **SIGNATURE REQUIRED Note:** The mailer must check the "Signature Required" box if the mailer: 1) Requires the addressee's signature; OR 2) Purchases additional insurance; OR 3) Purchases COD service; OR 4) Purchases Return Receipt service. If the box is not checked, the Postal Service will leave the item in the addressee's mail receptacle or other secure location without attempting to obtain the addressee's signature on delivery.
- Delivery Options**
- ☐ No Saturday Delivery (delivered next business day)
- ☐ Sunday/Holiday Delivery Required (additional fee, where available)
- ☐ 10:30 AM Delivery Required (additional fee, where available)
- Refer to USPS.com® or local Post Office® for availability.

TO: (PLEASE PRINT)

PHONE:

FEC
1050 First St, NE
Washington, DC
20463

ZIP + 4® (U.S. ADDRESSES ONLY)

20463

- ☐ For pickup or USPS Tracking™, visit USPS.com or call 800-222-1811.
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Date Accepted (MM/DD/YY) **7-2-14** Scheduled Delivery Time ☐ 10:30 AM ☐ 3:30 PM ☒ 12:00 NOON

Time Accepted **10:15** AM ☐ PM ☒ 10:30 AM Delivery Fee \$ Insurance Fee \$ COD Fee \$

Special Handling/Fragile \$ Sunday/Holiday Premium Fee \$ Return Receipt Fee \$ Live Animal Transportation Fee \$

Weight \$ Flat Rate \$ Acceptance Employee Initial **W** Total Postage & Fees **\$25.50**

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Delivery Attempt (MM/DD/YY) Time ☐ AM ☐ PM Employee Signature

Delivery Attempt (MM/DD/YY) Time ☐ AM ☐ PM Employee Signature

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