

**FEC
FORM 3**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

RECEIVED
SECRETARY OF THE SENATE
PUBLIC AFFAIRS

11: MAY 12 PM 2:54
Office Use Only

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

The Committee to Elect Cecil Pearson Jr.

ADDRESS (number and street)

661 Riverview Drive

Check if different than previously reported. (ACC)

Knifley Ky 42753

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C00549915 NEW OR AMENDED (A) Ky 100

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)

X Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

- Primary (12P) General (12G) Runoff (12R)
- Convention (12C) Special (12S)

Election on _____ in the State of _____

(c) 30-Day POST-Election Report for the:

- General (30G) Runoff (30R) Special (30S)

Election on _____ in the State of _____

5. Covering Period 04'01'2014 through 05'06'2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Cecil Pearson Jr.

Signature of Treasurer

Date

05'06'2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only

FEC FORM 3
(Revised 02/2003)

14020354159

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

The Committee To Elect Cecil Pearson JR.

Report Covering the Period: From:

^M 04 ^D 06 ^Y 2014

To:

^M 05 ^D 06 ^Y 2014

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))..	0.00	0.00
(b) Total Contribution Refunds (from Line 20(d))..	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))...	0.00	0.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) ..	0.00	0.00
(b) Total Offsets to Operating Expenditures (from Line 14)...	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))...	0.00	0.00
8. Cash on Hand at Close of Reporting Period (from Line 27)...	0.00	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) ..	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) ..	0.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

14020354160

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Page 3

Write or Type Committee Name

The Committee to Elect Cecil Pearson DR.

Report Covering the Period: From: ^M0^D4 ^D01 ^Y20^Y14 To: ^M05 ^D06 ^Y20^Y14

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)...	000	0.06
(ii) Unitemized.....	0.00	000
(iii) TOTAL of contributions from individuals . ▶	000	000
(b) Political Party Committees...	0.00	0.00
(c) Other Political Committees (such as PACs)...	0.00	000
(d) The Candidate.....	0.00	000
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	0.00	0.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES ..		
	000	000
13. LOANS:		
(a) Made or Guaranteed by the Candidate...	000	000
(b) All Other Loans...	000	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))...	000	000
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)..		
	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....		
	0.00	000
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)... ▶	0.00	0.00

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DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES...	0.00	0.00
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES ..	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate...	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))...	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees ...	0.00	0.00
(b) Political Party Committees...	0.00	0.00
(c) Other Political Committees (such as PACs)...	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))...	0.00	0.00
21. OTHER DISBURSEMENTS ...	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	0.00	0.00

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD...	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)...	0.00
25. SUBTOTAL (add Line 23 and Line 24)...	0.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)...	0.00
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)...	0.00

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**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE	OF	
	<input type="checkbox"/> 11a <input type="checkbox"/> 12	<input type="checkbox"/> 11b <input type="checkbox"/> 13a	<input type="checkbox"/> 11c <input type="checkbox"/> 13b	<input type="checkbox"/> 11d <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
The Committee to Elect Cecil Pearson Jr.

Full Name (Last, First, Middle Initial)

A. Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y

Amount of Each Receipt this Period
\$

Full Name (Last, First, Middle Initial)

B. Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M

Amount of Each Receipt this Period
\$

Full Name (Last, First, Middle Initial)

C. Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / Y

Amount of Each Receipt this Period
\$

SUBTOTAL of Receipts This Page (optional)..... \$ \$ *0.00*

TOTAL This Period (last page this line number only)..... \$ \$ *0.00*

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**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE OF

<input type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21
-------------------------------------------------------------	-------------------------------------------------------------	--------------------------------------------------------------	-------------------------------------------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

The Committee To Elect Cecil Pearson Jr.

Full Name (Last, First, Middle Initial)

A.

Date of Disbursement
M M D D Y Y Y Y

Mailing Address

City State Zip Code

Purpose of Disbursement

Amount of Each Disbursement this Period
\$ \$

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

B.

Date of Disbursement
M Y

Mailing Address

City State Zip Code

Purpose of Disbursement

Amount of Each Disbursement this Period
\$ \$

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

C.

Date of Disbursement
M M

Mailing Address

City State Zip Code

Purpose of Disbursement

Amount of Each Disbursement this Period
\$

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

SUBTOTAL of Disbursements This Page (optional).....

0.00

TOTAL This Period (last page this line number only).....

0.00

14020354164

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full)
The Committee to Elect Cecil Pearson Jr.

LOAN SOURCE Full Name (Last, First, Middle Initial)	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Mailing Address	

City _____ State _____ ZIP Code _____

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
\$ _____	\$ _____	\$ _____

TERMS	Date Incurred	Date Due	Interest Rate	Secured:
	M M / D / Y	M M / D / Y	% (apr)	<input type="checkbox"/> Yes <input type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City _____ State _____ ZIP Code _____	Amount Guaranteed Outstanding: \$ _____
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City _____ State _____ ZIP Code _____	Amount Guaranteed Outstanding: \$ _____
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City _____ State _____ ZIP Code _____	Amount Guaranteed Outstanding: \$ _____
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City _____ State _____ ZIP Code _____	Amount Guaranteed Outstanding: \$ _____

SUBTOTALS This Period This Page (optional)...	\$ _____	\$ _____	\$ 0.00
TOTALS This Period (last page in this line only)...	\$ _____	\$ _____	\$ 0.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

14020354165

SCHEDULE C-1 (FEC Form 3)
LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for
 Information found on
 Page ____ of Schedule C

Federal Election Commission, Washington, D.C. 20463

NAME OF COMMITTEE (In Full) <i>The Committee To Elect Cec:1 Pearson JR</i>		FEC IDENTIFICATION NUMBER <i>C00549915</i>	
LENDING INSTITUTION (LENDER) Full Name	Amount of Loan	Interest Rate (APR) %	
Mailing Address	Date Incurred or Established M M / D D / Y Y Y Y		
City State Zip Code	Date Due M M / D D / Y Y Y Y		

A. Has loan been restructured? No Yes If yes, date originally incurred M M / D D / Y Y Y Y

B. If line of credit, Total Outstanding Balance: \$
 Amount of this Draw: \$

C. Are other parties secondarily liable for the debt incurred?
 No Yes (Endorsers and guarantors must be reported on Schedule C.)

D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?
 No Yes If yes, specify: _____
 What is the value of this collateral? \$
 Does the lender have a perfected security interest in it? No Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? No Yes If yes, specify: _____
 What is the estimated value? \$

A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).
 Date account established: M M / D D / Y Y Y Y
 Location of account: _____
 Address: _____
 City, State, Zip: _____

F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.

G. COMMITTEE TREASURER Typed Name Signature	DATE M M / D D / Y Y Y Y
---------------------------------------------------	-----------------------------

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:
 I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.
 II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.
 III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.

AUTHORIZED REPRESENTATIVE Typed Name Signature	Title	DATE M M / D D / Y Y
------------------------------------------------------	-------	-------------------------

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SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
The Committee To Elect Cecil Pearson JR.

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	
Outstanding Balance Beginning This Period Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period			
B. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	
Outstanding Balance Beginning This Period Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period			
C. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	
Outstanding Balance Beginning This Period Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period			

1) SUBTOTALS This Period This Page (optional) ...	\$	\$	0.00
2) TOTALS This Period (last page this line number only) ...	\$	\$	0.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ...	\$	\$	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	\$	\$	0.00

14020354167

FEC FORM 3Z (File with Form 3)
CONSOLIDATION REPORT OF RECEIPTS AND DISBURSEMENTS
 (To Be Used By A Principal Campaign Committee)

Name of Principal Campaign Committee (In Full) <i>The Committee To Elect Cecil Pearson Sr.</i>	Report Covering Period: From: <i>04 01 2014</i> To: <i>05 06 2014</i>
------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------

	(a) Line No. 11(a) Total Contributions From Indiv./Persons Other Than Political Committees	(b) Line No. 11(b) Total Contributions From Political Party Committees
A	<i>000</i>	<i>0-00</i>
B	<i>000</i>	<i>000</i>

	(c) Line No. 11(c) Total Contributions From Other Political Committees	(d) Line No. 11(d) Total Contributions From The Candidate	(e) Line No. 11(e) Total Contributions	(f) Line No. 12 Total Transfers From Other Authorized Committees	(g) Line No. 13(a) Total Loans Made or Guaranteed by the Candidate	(h) Line No. 13(b) Total All Other Loans
A	<i>000</i>	<i>000</i>	<i>000</i>	<i>000</i>	<i>000</i>	<i>000</i>
B	<i>000</i>	<i>000</i>	<i>000</i>	<i>000</i>	<i>000</i>	<i>000</i>
	(i) Line No. 13(c) Total Loans	(j) Line No. 14 Total Offsets to Operating Expenditures	(k) Line No. 15 Total Other Receipts	(l) Line No. 16 Total Receipts	(m) Line No. 17 Total Operating Expenditures	(n) Line No. 18 Total Transfers to Other Authorized Committees
A	<i>000</i>	<i>000</i>	<i>000</i>	<i>000</i>	<i>000</i>	<i>000</i>
B	<i>000</i>	<i>000</i>	<i>000</i>	<i>000</i>	<i>000</i>	<i>000</i>
	(o) Line No. 19(a) Total Loan Repayments of Loans Made or Guaranteed by The Can- didate	(p) Line No. 19(b) Total Loan Repayments of All Other Loans	(q) Line No. 19(c) Total Loan Repayments	(r) Line No. 20(a) Total Contribution Refunds to Individuals/Persons	(s) Line No. 20(b) Total Contribution Refunds to Political Party Committees	(t) Line No. 20(c) Total Contribution Refunds to Other Political Committees
A	<i>000</i>	<i>000</i>	<i>000</i>	<i>000</i>	<i>000</i>	<i>000</i>
B	<i>000</i>	<i>000</i>	<i>000</i>	<i>000</i>	<i>000</i>	<i>000</i>
	(u) Line No. 20(d) Total Contribution Refunds	(v) Line No. 21 Total Other Disbursements	(w) Line No. 22 Total Disbursements	(x) Line No. 23 Cash on Hand Beginning of Reporting Period	(y) Line No. 27 Cash on Hand Close of Reporting Period	(z) Line No. 9 Debts & Obligations Owed TO the Committee
A	<i>000</i>	<i>000</i>	<i>000</i>	<i>000</i>	<i>000</i>	<i>000</i>
B	<i>000</i>	<i>000</i>	<i>000</i>	<i>000</i>	<i>000</i>	<i>000</i>
	(aa) Line No. 10 Debts & Obligations Owed BY the Committee	(bb) Line No. 6(c) Net Contributions	(cc) Line No. 7(c) Net Operating Expenditures			
A	<i>000</i>	<i>000</i>	<i>000</i>			
B	<i>000</i>	<i>000</i>	<i>000</i>			

14020354168

14020351169

Cecil Pearsoff
61 Glenview Dr.
Kralley, KY 42753

**SCREENED
BY THE SENATE
POST OFFICE**

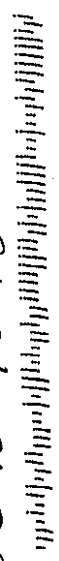


Office of Public Records

P.O. BX 77578

Washington, DC 20013-7578

2001346576



NANCY ERICKSON
SECRETARY

DANA K. MCCALLUM
SUPERINTENDENT
SENATE OFFICE B1
SUITE 232
WASHINGTON, DC 20510-71
PHONE: (202) 224-0322

United States Senate

OFFICE OF THE SECRETARY
OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED _____
Date of Receipt
5-7-14
USPS FIRST CLASS MAIL _____
Postmark

USPS REGISTERED/CERTIFIED _____
Postmark

USPS PRIORITY MAIL _____
Postmark
DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL _____
Postmark

<u>OVERNIGHT DELIVERY SERVICE:</u>		SHIPPING DATE	NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS	_____	_____	<input type="checkbox"/>
UPS	_____	_____	<input type="checkbox"/>
DHL	_____	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	_____	<input type="checkbox"/>

RECEIVED FROM FEDERAL ELECTION COMMISSION _____
Date of Receipt

POSTMARK ILLEGIBLE NO POSTMARK

FAX _____
Date of Receipt

OTHER _____
Date of Receipt or Postmark

PREPARER **DH** DATE PREPARED **5-12-14**

14020354170

14020354171

