Image# 10930475234 04/08/2010 07:40

FEC FORM 1

## STATEMENT OF ORGANIZATION

| FORM 1                        | ORGANIZ                                     | ATION  |                 |                                 |
|-------------------------------|---|--|-----------------|---------------------------------|
| 1 Ottown 1                    | (See instructi                              | ons)   |                 | Office use only                 |
| NAME OF COMMITTEE (in f       | (Check if name is changed)                  | Example: If typying, type over the lines                               | 12FE4M5         | 1 1                             |
| People for Pea                | rce   |  |                 |                                 |
|                               |   |  |                 |                                 |
| ADDRESS (number and s         | PO Box 2696                                 |  |                 |                                 |
| (Check if address             |   |  |                 |                                 |
| is changed)                   | Hobbs                                       |  | NM              | 88241   2696                    |
|                               |   | CITY▲  | STATE           | ZIP CODE 📥                      |
| COMMITTEE'S E-MAI             | L ADDRESS (Please provide only one e        | e-mail address)  |                 |                                 |
| (Check if address is changed) |   |  |                 |                                 |
| io on angour                  |   |  |                 |                                 |
| (Check if address is changed) |   |  |                 |                                 |
| 2. DATE 0 4                   | / D D / Y Y Y Y Y Y 2010                    |  |                 |                                 |
| 3. FEC IDENTIFICA             | TION NUMBER                                 | C C00463836  |                 |                                 |
| 4. IS THIS STATEM             | ENT X NEW (N) OR                            | AMENDED (A)  |                 |                                 |
| I certify that I have examin  | ned this Statement and to the best of my kn | owledge and belief it is true, correc                                  | et and complete |                                 |
| Time on Drint Name of         | Freesurer Mr James Franc                    | nis.   |                 |                                 |
| Type or Print Name of         | Treasurer                                   |  |                 |                                 |
| Signature of Treasurer        | Electronically Filed by Mr Jame             | s Francis  | Date 04         | 0 8 Y Y 2 0 1 0                 |
| NOTE: Submission of fal       | se, erroneous, or incomplete information m. | ay subject the person signing this S                                   |                 |                                 |
| Office<br>Use<br>Only         |   | For further informati<br>Federal Election Com<br>Toll Free 800-424-953 | mission         | FEC FORM 1<br>(Revised 02/2009) |

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|----|----------------|--------------------|--|---|--|--|--|--|
| 5. |                |                    | DMMITTEE (Check One)   |   |  |  |  |  |
|    | (a)            | X                  | This committee is a principal campaign committee. (Complete the candidate information below.)  |   |  |  |  |  |
|    | (b)            |                    | This committee is an authorized committee, and is NOT a principal campaign committee. (Complet information below.)   | e the candidate                         |  |  |  |  |
|    | Name<br>Candi  |                    | Stevan E. Pearce   |   |  |  |  |  |
|    | Candi<br>Party | idate<br>Affiliati | Office X House Senate President  | 00                                      |  |  |  |  |
|    | (c)            |                    | This committee supports/opposes only one candidate, and is NOT an authorized committee.  | District U2                             |  |  |  |  |
|    | Name<br>Candi  |                    |  |   |  |  |  |  |
|    | Party          | Comm               |  |   |  |  |  |  |
|    | (d)            |                    | This committee is a (National, State (or subordinate) committee of the   | (Democratic,<br>Republican,etc.) Party. |  |  |  |  |
|    | Politic        | cal Act            | ion Committee (PAC):   |   |  |  |  |  |
|    | (e)            |                    | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.   | cted organization is a:                 |  |  |  |  |
|    |                |                    | Corporation Corporation w/o Capital Stock  | Labor Organization                      |  |  |  |  |
|    |                |                    | Membership Organization Trade Association  | Cooperative                             |  |  |  |  |
|    |                | (f)                | Membership Organization I rade Association   | Cooperative                             |  |  |  |  |
|    | (f)            |                    | In addition, this committee is a Lobbyist/Registrant PAC.  |   |  |  |  |  |
|    | (.)            |                    | This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)  |   |  |  |  |  |
|    |                |                    | In addition, this committee is a Lobbyist/Registrant PAC.  |   |  |  |  |  |
|    |                |                    | In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)   |   |  |  |  |  |
|    | Joint F        | Fundra             | ising Representative:  |   |  |  |  |  |
|    | (g)            |                    | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate. | o or more political                     |  |  |  |  |
|    | (h)            |                    | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.         | o or more political                     |  |  |  |  |
|    |                | Com                | mittees Participating in Joint Fundraiser  |   |  |  |  |  |
|    |                |                    | 1. FEC ID number   |   |  |  |  |  |
|    |                |                    | 2. FEC ID number   |   |  |  |  |  |
|    |                |                    | 3. FEC ID number   |   |  |  |  |  |
|    |                |                    | 4. FEC ID number   |   |  |  |  |  |

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|----------------------------|--|---------------|------------------------|
| Write or Type Committee Na | ne ne  |               |                        |
| People for Pearce          |  |               |                        |
| 6. Name of Any Connecte    | Organization, Affiliated Committee, Joint Fundraising Represen   | tative, or Le | eadership PAC Sponsor  |
| Young Guns Joint F         | ndraising Committee I  |               |                        |
|                            |  |               |                        |
| Mailing Address            | 4703 Woodway Lane NW   |               |                        |
|                            |  |               |                        |
|                            | Washington   | PC            | 20016 _ 3240           |
|                            | CITY   | STATE A       | ZIP CODE               |
| Relationship:              |  |               | _                      |
| Connected Organiza         | ion Affiliated Committee X Joint Fundraising Repr  | esentative    | Leadership PAC Sponsor |
| Mailing Address            | 3718 Bridle Trails Court   |               |                        |
|                            | College Sta  |               | 778454497              |
| Title or Position ♥        | CITY A   | STATE         | ZIP CODE A             |
| Custo                      | lian of Records Telephone number   | 070           | _ 690 - 2227           |
| name and address of        | me and address (phone number optional) of the treasurer any designated agent (e.g., assistant treasurer).  James Francis  225 E Bender Boulevard   | of the con    | nmittee; and the       |
|                            | The Late of the La |               | 00040 0001             |
|                            | Hobbs  | <u>NM</u>     | 882402331              |
| Title or Position ♥        | CITY A   | STATE         | ZIP CODE A             |
| Treas                      | rer Telephone num  | 505           | 5 _ 393 _ 2171         |
|                            | i elephone num   |               |                        |

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|--|---|----------------------------|-------------------------|
| Full Name of<br>Designated<br>Agent              |   |                            |                         |
| Mailing Address                                  |   |                            |                         |
|  |   |                            | _                       |
| Title or Position ▼                              | CITY A  | STATE A                    | ZIP CODE A              |
|  | Teleph  | none number                |                         |
| Banks or Other Deposit safety deposit boxes or m | aintains funds.   | mmittee deposits funds, ho | lds accounts, rents     |
| Mama of Bank Donocitors                          | v oto   |                            |                         |
| Name of Bank, Depository                         | y, etc.  a County State Bank  |                            |                         |
|  | a County State Bank   |                            |                         |
| Le   | a County State Bank   |                            |                         |
| Le   | a County State Bank   | NM [                       | 88240 _ 5150            |
| Le   | a County State Bank  1017 N Turner Street   |                            |                         |
| Le   | a County State Bank  1017 N Turner Street  Hobbs  | NM L                       | 88240 _ 5150            |
| Mailing Address  Name of Bank, Depositor         | a County State Bank  1017 N Turner Street  Hobbs  | NM L                       | 88240 _ 5150            |
| Mailing Address  Name of Bank, Depositor         | a County State Bank  1017 N Turner Street  Hobbs  CITY   y, etc.                                    | NM L                       | 88240 _ 5150 _ ZIP CODE |
| Mailing Address  Name of Bank, Depository        | a County State Bank  1017 N Turner Street  Hobbs  CITY   y, etc.  achovia Bank  1753 Pinnacle Drive | NM STATE A                 | 88240 _ 5150 _ ZIP CODE |
| Mailing Address  Name of Bank, Depository        | a County State Bank  1017 N Turner Street  Hobbs  CITY   y, etc.  achovia Bank  1753 Pinnacle Drive | NM STATE 4                 | 88240 _ 5150 _ ZIP CODE |