

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

People for Pearce

ADDRESS (number and street)

PO Box 2696

Check if different than previously reported. (ACC)

Hobbs

NM

88241-2696

2. FEC IDENTIFICATION NUMBER ▼

C C00463836

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

NM

02

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)

Termination Report (TER)

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

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the State of

5. Covering Period

M M /

D D /

Y Y Y Y

11 / 25 / 2014

through

M M /

D D /

Y Y Y Y

12 / 31 / 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 James Francis

Signature of Treasurer James Francis

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y

01 / 15 / 2015

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)

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**People for Pearce**

Report Covering the Period: From:  /  /  To:  /  /

|   | COLUMN A<br>This Period | COLUMN B<br>Election Cycle-to-Date |
|---|-------------------------|------------------------------------|
| 6. Net Contributions (other than loans)   |                         |                                    |
| (a) Total Contributions<br>(other than loans) (from Line 11(e))....   | 1000                    | 1000                               |
| (b) Total Contribution Refunds<br>(from Line 20(d)) .....   | 0                       | 0                                  |
| (c) Net Contributions (other than loans)<br>(subtract Line 6(b) from Line 6(a)).....                            | 1000                    | 1000                               |
| 7. Net Operating Expenditures   |                         |                                    |
| (a) Total Operating Expenditures<br>(from Line 17) .....  | 9084.66                 | 32110.86                           |
| (b) Total Offsets to Operating<br>Expenditures (from Line 14).....  | 3984.83                 | 3984.83                            |
| (c) Net Operating Expenditures<br>(subtract Line 7(b) from Line 7(a)).....                                      | 5099.83                 | 28126.03                           |
| 8. Cash on Hand at Close of<br>Reporting Period (from Line 27).....   | 387752.44               |                                    |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D).....  | 0                       |                                    |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D)..... | 0                       |                                    |

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**People for Pearce**

Report Covering the Period: From: M M / D D / Y Y Y Y 11 / 25 / 2014 To: M M / D D / Y Y Y Y 12 / 31 / 2014

| I. RECEIPTS  | COLUMN A<br>Total This Period | COLUMN B<br>Election Cycle-to-Date |
|--|-------------------------------|------------------------------------|
| <b>11. CONTRIBUTIONS (other than loans) FROM:</b>  |                               |                                    |
| (a) Individuals/Persons Other Than Political Committees  |                               |                                    |
| (i) Itemized (use Schedule A).....   | 0                             | 0                                  |
| (ii) Unitemized.....   | 0                             | 0                                  |
| (iii) TOTAL of contributions from individuals ▶  | 0                             | 0                                  |
| (b) Political Party Committees.....  | 0                             | 0                                  |
| (c) Other Political Committees (such as PACs).....   | 1000                          | 1000                               |
| (d) The Candidate.....   | 0                             | 0                                  |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..                     | 1000                          | 1000                               |
| <b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>  | 0                             | 0                                  |
| <b>13. LOANS:</b>  |                               |                                    |
| (a) Made or Guaranteed by the Candidate.....   | 0                             | 0                                  |
| (b) All Other Loans.....   | 0                             | 0                                  |
| (c) TOTAL LOANS (add Lines 13(a) and (b)).....   | 0                             | 0                                  |
| <b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>                                | 3984.83                       | 3984.83                            |
| <b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>  | 0                             | 0                                  |
| <b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b> | 4984.83                       | 4984.83                            |

**DETAILED SUMMARY PAGE**  
of Disbursements

| II. DISBURSEMENTS  | COLUMN A<br>Total This Period | COLUMN B<br>Election Cycle-to-Date |
|--|-------------------------------|------------------------------------|
| 17. OPERATING EXPENDITURES.....  | 9084.66                       | 32110.86                           |
| 18. TRANSFERS TO OTHER<br>AUTHORIZED COMMITTEES .....                        | 0                             | 0                                  |
| 19. LOAN REPAYMENTS:   |                               |                                    |
| (a) Of Loans Made or Guaranteed<br>by the Candidate.....                     | 0                             | 0                                  |
| (b) Of All Other Loans .....   | 0                             | 0                                  |
| (c) TOTAL LOAN REPAYMENTS<br>(add Lines 19(a) and (b)).....                  | 0                             | 0                                  |
| 20. REFUNDS OF CONTRIBUTIONS TO:   |                               |                                    |
| (a) Individuals/Persons Other<br>Than Political Committees .....             | 0                             | 0                                  |
| (b) Political Party Committees.....  | 0                             | 0                                  |
| (c) Other Political Committees<br>(such as PACs).....                        | 0                             | 0                                  |
| (d) TOTAL CONTRIBUTION REFUNDS<br>(add Lines 20(a), (b), and (c)).....       | 0                             | 0                                  |
| 21. OTHER DISBURSEMENTS .....  | 1000                          | 2000                               |
| 22. <b>TOTAL DISBURSEMENTS</b><br>(add Lines 17, 18, 19(c), 20(d), and 21) ► | 10084.66                      | 34110.86                           |

**III. CASH SUMMARY**

|   |           |
|---|-----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....                                | 392852.27 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....                            | 4984.83   |
| 25. SUBTOTAL (add Line 23 and Line 24).....   | 397837.1  |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....                               | 10084.66  |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD<br>(subtract Line 26 from Line 25)..... | 387752.44 |

**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 5 OF 15 |
|   | <input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 |              |

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)  
**People for Pearce**

**A.** Full Name (Last, First, Middle Initial)  
**Ford Motor Company Civic Action Fund**

Mailing Address PO Box 75000

City Detroit State MI Zip Code 48275-0001

FEC ID number of contributing federal political committee. **C** C00046474

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date 1000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 02 / 2014

**Transaction ID : A-CF35175**

Amount of Each Receipt this Period  
 1000

**B.** Full Name (Last, First, Middle Initial)

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 Y Y

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)

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 Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....

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

1000.00

1000.00

**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 6 OF 15 |
|   | <input type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input checked="" type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |              |

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)  
**People for Pearce**

**A.** Full Name (Last, First, Middle Initial)  
**New Mexico Screen Art**

Mailing Address 1203 E Alston Street

City Hobbs State NM Zip Code 88240-5914

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1600**

Date of Receipt  
 M M / D D / Y Y Y Y  
 12 / 09 / 2014

**Transaction ID : A-OF35178**

Amount of Each Receipt this Period  
 1600

Duplicate Entry

**B.** Full Name (Last, First, Middle Initial)  
**Republican Party of Dona Ana County**

Mailing Address 3201 S Main Street Suite A

City Las Cruces State NM Zip Code 88005-3797

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000**

Date of Receipt  
 M M / D D / Y Y Y Y  
 12 / 09 / 2014

**Transaction ID : A-OF35176**

Amount of Each Receipt this Period  
 500

Duplicate Payment

**C.** Full Name (Last, First, Middle Initial)  
**Republican Party of Dona Ana County**

Mailing Address 3201 S Main Street Suite A

City Las Cruces State NM Zip Code 88005-3797

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000**

Date of Receipt  
 M M / D D / Y Y Y Y  
 12 / 09 / 2014

**Transaction ID : A-OF35177**

Amount of Each Receipt this Period  
 1500

Duplicate Payment

**SUBTOTAL** of Receipts This Page (optional).....

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

3600.00

**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 7 OF 15 |
|   | <input type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input checked="" type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |              |

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)  
**People for Pearce**

**A.** Full Name (Last, First, Middle Initial)  
**Willard Hotel**

Mailing Address 1401 Pennsylvania Avenue NW

City Washington State DC Zip Code 20004-1047

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
301.5

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 09 / 2014

**Transaction ID : A-OF35179**

Amount of Each Receipt this Period  
 301.5

Duplicate Payment

**B.** Full Name (Last, First, Middle Initial)

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 Y Y

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)

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 Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....

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

301.50

3901.50

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

|   |   |              |  |  |  |
|---|---|--------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)  | PAGE 8 OF 15 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>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)  
**People for Pearce**

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Camino Real</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>12 / 03 / 2014 |
| Mailing Address 7362 Remcon Circle  |  | Amount of Each Disbursement this Period<br>819.98             |
| City<br>El Paso   | State<br>TX  |   |
| Zip Code<br>79912-1623  | Purpose of Disbursement<br>Travel: Lodging   | <b>Transaction ID : B-E-35173</b>                             |
| Candidate Name  | 002<br>Category/<br>Type   |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Grassroots Targeting</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>12 / 10 / 2014 |
| Mailing Address 814 King Street<br>Suite 420  |  | Amount of Each Disbursement this Period<br>1269.75            |
| City<br>Alexandria  | State<br>VA  |   |
| Zip Code<br>22314-3069  | Purpose of Disbursement<br>Advertising: Advertising  | <b>Transaction ID : B-E-35180</b>                             |
| Candidate Name  | 004<br>Category/<br>Type   |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>c. Lea County State Bank</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>12 / 10 / 2014 |
| Mailing Address 1017 N Turner Street  |  | Amount of Each Disbursement this Period<br>53.06              |
| City<br>Hobbs   | State<br>NM  |   |
| Zip Code<br>88240-5150  | Purpose of Disbursement<br>Credit Card Fees  | <b>Transaction ID : B-E-35182</b>                             |
| Candidate Name  | 001<br>Category/<br>Type   |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 2142.79 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |



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

|   |   |              |  |  |  |
|---|---|--------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)  | PAGE 9 OF 15 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>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)  
**People for Pearce**

|  |  |  |   |
|--|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. United Airlines</b> |  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 28 / 2014                       |
| Mailing Address PO Box 66140   |  |  | Amount of Each Disbursement this Period<br>278<br><b>Transaction ID : B-E-35170</b> |
| City<br>Chicago  | State<br>IL  | Zip Code<br>60666-0140   | Category/<br>Type<br>002  |
| Purpose of Disbursement<br>Travel: Airfare                           |  |  |   |
| Candidate Name   |  |  |   |
| Office Sought:   | House<br><input type="checkbox"/><br>Senate<br><input type="checkbox"/><br>President<br><input type="checkbox"/> | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State:   | District:  |  |   |

|  |  |  |  |
|--|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. United Airlines</b> |  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>12 / 29 / 2014                          |
| Mailing Address PO Box 66140   |  |  | Amount of Each Disbursement this Period<br>2335.3<br><b>Transaction ID : B-E-35183</b> |
| City<br>Chicago  | State<br>IL  | Zip Code<br>60666-0140   | Category/<br>Type<br>002   |
| Purpose of Disbursement<br>Travel: Airfare                           |  |  |  |
| Candidate Name   |  |  |  |
| Office Sought:   | House<br><input type="checkbox"/><br>Senate<br><input type="checkbox"/><br>President<br><input type="checkbox"/> | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State:   | District:  |  |  |

|   |  |  |  |
|---|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Verizon Wireless</b> |  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>12 / 03 / 2014                          |
| Mailing Address PO Box 660108   |  |  | Amount of Each Disbursement this Period<br>191.23<br><b>Transaction ID : B-E-35174</b> |
| City<br>Dallas  | State<br>TX  | Zip Code<br>75266-0108   | Category/<br>Type<br>001   |
| Purpose of Disbursement<br>Telephone                                  |  |  |  |
| Candidate Name  |  |  |  |
| Office Sought:  | House<br><input type="checkbox"/><br>Senate<br><input type="checkbox"/><br>President<br><input type="checkbox"/> | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State:  | District:  |  |  |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 2804.53 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

**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 10 OF 15                       |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>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)  
**People for Pearce**

**A. VISA**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 30131

City Tampa State FL Zip Code 33630-3131

Purpose of Disbursement Credit Card: See Details

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement: 12 / 12 / 2014

Amount of Each Disbursement this Period: 1748.07

Transaction ID : B-E-35194

Original vendors exceeding reporting threshold itemized as memo transactions.

**B. Mail Services Etc. LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 4008 N Grimes Street

City Hobbs State NM Zip Code 88240-0903

Purpose of Disbursement Postage

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement: 12 / 12 / 2014

Amount of Each Disbursement this Period: 312

Transaction ID : B-S-19065

[MEMO ITEM]  
Subitemization of VISA(12/12/14)

**c. United Airlines**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 66140

City Chicago State IL Zip Code 60666-0140

Purpose of Disbursement Airfare

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement: 12 / 12 / 2014

Amount of Each Disbursement this Period: 86

Transaction ID : B-S-19077

[MEMO ITEM]  
Subitemization of VISA(12/12/14)

**SUBTOTAL** of Disbursements This Page (optional) ..... 1748.07

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

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

|   |   |               |  |  |  |
|---|---|---------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)  | PAGE 11 OF 15 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>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)  
**People for Pearce**

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. AT&amp;T</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>12 / 12 / 2014                        |
| Mailing Address PO Box 2971  |  | Amount of Each Disbursement this Period<br>146.54                                    |
| City Hobbs State NM Zip Code 88241-2971  | Purpose of Disbursement Telephone<br>Candidate Name  | Transaction ID : B-S-19066<br><b>[MEMO ITEM]</b><br>Subitemization of VISA(12/12/14) |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Enterprise Rent-A-Car</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>12 / 12 / 2014                        |
| Mailing Address PO Box 9923  |  | Amount of Each Disbursement this Period<br>279.87                                    |
| City Albuquerque State NM Zip Code 87119-1023  | Purpose of Disbursement Car Rental<br>Candidate Name   | Transaction ID : B-S-19071<br><b>[MEMO ITEM]</b><br>Subitemization of VISA(12/12/14) |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>c. WalMart Supercenter</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>12 / 12 / 2014                        |
| Mailing Address 3800 N Lovington Highway   |  | Amount of Each Disbursement this Period<br>24.34                                     |
| City Hobbs State NM Zip Code 88240-1033  | Purpose of Disbursement Office Supplies<br>Candidate Name  | Transaction ID : B-S-19072<br><b>[MEMO ITEM]</b><br>Subitemization of VISA(12/12/14) |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |

|   |      |
|---|------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 0.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |      |

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

|   |   |                                    |                                     |                                    |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          |                                    | PAGE 12 OF 15                       |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>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)  
**People for Pearce**

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Baymont Inn &amp; Suites</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>12 / 12 / 2014 |
| Mailing Address 3510 N Central Drive  |  | Amount of Each Disbursement this Period<br>458.44             |
| City Hobbs  | State NM   | Zip Code 88240-1157   |
| Purpose of Disbursement<br>Lodging  | Category/Type<br>002   |   |
| Candidate Name  | Transaction ID : B-S-19075   |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  | [MEMO ITEM]<br>Subitemization of VISA(12/12/14)  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Windstream</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>12 / 12 / 2014 |
| Mailing Address PO Box 9001908  |  | Amount of Each Disbursement this Period<br>123.93             |
| City Louisville   | State KY   | Zip Code 40290-1908   |
| Purpose of Disbursement<br>Telephone  | Category/Type<br>001   |   |
| Candidate Name  | Transaction ID : B-S-19078   |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  | [MEMO ITEM]<br>Subitemization of VISA(12/12/14)  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. VISA</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>12 / 12 / 2014 |
| Mailing Address PO Box 30131  |  | Amount of Each Disbursement this Period<br>1835.27            |
| City Tampa  | State FL   | Zip Code 33630-3131   |
| Purpose of Disbursement<br>Credit Card: See Details   | Category/Type<br>001   |   |
| Candidate Name  | Transaction ID : B-E-35195   |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  | Original vendors exceeding reporting threshold itemized as memo transactions.  |   |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 1835.27 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

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

|   |   |               |  |  |  |
|---|---|---------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)  | PAGE 13 OF 15 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>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)  
**People for Pearce**

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. United Airlines</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>12 / 12 / 2014 |
| Mailing Address PO Box 66140  |  | Amount of Each Disbursement this Period<br>1214.7             |
| City Chicago  | State IL   | Zip Code 60666-0140   |
| Purpose of Disbursement<br>Airfare  | Category/Type<br>002   |   |
| Candidate Name  | Transaction ID : B-S-19082   |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  | [MEMO ITEM]<br>Subitemization of VISA(12/12/14)  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Federal Express FedEx</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>12 / 12 / 2014 |
| Mailing Address PO Box 94515  |  | Amount of Each Disbursement this Period<br>229.58             |
| City Palatine   | State IL   | Zip Code 60094-4515   |
| Purpose of Disbursement<br>Shipping   | Category/Type<br>001   |   |
| Candidate Name  | Transaction ID : B-S-19080   |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  | [MEMO ITEM]<br>Subitemization of VISA(12/12/14)  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>c. Capital Grille</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>12 / 12 / 2014 |
| Mailing Address 601 Pennsylvania Avenue NW  |  | Amount of Each Disbursement this Period<br>245.15             |
| City Washington   | State DC   | Zip Code 20004-2601   |
| Purpose of Disbursement<br>Meals  | Category/Type<br>002   |   |
| Candidate Name  | Transaction ID : B-S-19083   |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  | [MEMO ITEM]<br>Subitemization of VISA(12/12/14)  |   |

|   |      |
|---|------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 0.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |      |

**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 14 OF 15                       |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>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)  
**People for Pearce**

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. VISA</b> |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>12 / 12 / 2014                      |
| Mailing Address PO Box 30131                              |  | Amount of Each Disbursement this Period<br>54<br><b>Transaction ID : B-E-35197</b> |
| City Tampa State FL Zip Code 33630-3131                   | Purpose of Disbursement<br>Credit Card: See Details<br>001<br>Category/Type  |  |
| Candidate Name  | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Original vendors exceeding reporting threshold itemized as memo transactions.      |
| State: District:  |  |  |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Zia PAC</b> |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>12 / 03 / 2014                       |
| Mailing Address PO Box 2696                                  |  | Amount of Each Disbursement this Period<br>500<br><b>Transaction ID : B-E-35172</b> |
| City Hobbs State NM Zip Code 88241-2696                      | Purpose of Disbursement<br>Political Contribution<br>011<br>Category/Type  |   |
| Candidate Name<br><b>Zia PAC</b>                             | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:   |  |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C.</b> |  | Date of Disbursement<br>M M / D D / Y Y Y Y |
| Mailing Address                                      |  | Amount of Each Disbursement this Period     |
| City State Zip Code                                  | Purpose of Disbursement<br>Category/Type   |   |
| Candidate Name                                       | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:                                     |  |   |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 554.00  |
| <b>TOTAL</b> This Period (last page this line number only)..... | 9084.66 |

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

|   |   |               |
|---|---|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)  | PAGE 15 OF 15 |
|   | <input type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input checked="" type="checkbox"/> 19b<br>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)  
**People for Pearce**

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. VISA</b> |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>12 / 12 / 2014                        |
| Mailing Address PO Box 30131                              |  | Amount of Each Disbursement this Period<br>1000<br><b>Transaction ID : B-E-35196</b> |
| City Tampa State FL Zip Code 33630-3131                   | Purpose of Disbursement<br>Credit Card: See Details<br>001<br>Category/Type  |  |
| Candidate Name<br><b>Lee Terry</b>                        | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2014<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify) General 2014 | Original vendors exceeding reporting threshold itemized as memo transactions.        |
| State: NE District: 02                                    |  |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Lee Terry For Congress</b> |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>10 / 25 / 2014                        |
| Mailing Address PO Box 540098   |  | Amount of Each Disbursement this Period<br>1000<br><b>Transaction ID : B-S-19086</b> |
| City Omaha State NE Zip Code 68154-0098                                     | Purpose of Disbursement<br>Political Contribution<br>011<br>Category/Type  |  |
| Candidate Name<br><b>Lee Terry</b>  | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2014<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify) General 2014 | <b>[MEMO ITEM]</b><br>Subitemization of VISA(12/12/14)                               |
| State: NE District: 02  |  |  |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C.</b> |  | Date of Disbursement<br>M M / D D / Y Y Y Y |
| Mailing Address                                      |  | Amount of Each Disbursement this Period     |
| City State Zip Code                                  | Purpose of Disbursement  |   |
| Candidate Name                                       | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:                                     |  |   |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 1000.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... | 1000.00 |