

SECRETARY OF THE SENATE
07 APR -9 PM 1:05

**FEC
FORM 1**

**STATEMENT OF
ORGANIZATION**

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

Pearce For Senate

ADDRESS (number and street)

P O BOX 2696

(Check if address is changed)

HOBBS

N M

88241

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

James_Francis@JMCPA.COM

bobgcarter@aol.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

5 0 5 - 3 9 7 - 4 3 0 1

2. DATE

0 3

2 1

2 0 0 7

3. FEC IDENTIFICATION NUMBER ►

C 0 0 3 5 1 2 5 4

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

I certify that I have examined this Statement 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

Date

0 3

2 1

2 0 0 7

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

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2003)

5. TYPE OF COMMITTEE (Check One)

- (a) 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. (Complete the candidate information below.)

Name of Candidate STEVAN PEARCE

Candidate Party Affiliation REP Office Sought: House Senate President State NM District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

- (d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

- (e) This committee is a separate segregated fund.

- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

Mailing Address _____

_____ - _____

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship _____

Type of Connected Organization:

- Corporation Corporation w/o Capital Stock Labor Organization
- Membership Organization Trade Association Cooperative

27020111254

Write or Type Committee Name

Pearce for Senate

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name J A M E S F R A N C I S

Mailing Address P O B O X 2 2 0

H O B B S N M 8 8 2 4 1

Title or Position CITY STATE ZIP CODE

T R E A S U R E R Telephone number 5 0 5 - 3 9 3 - 2 1 7 1

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer J A M E S F R A N C I S

Mailing Address P O B O X 2 2 0

H O B B S N M 8 8 2 4 1

Title or Position CITY STATE ZIP CODE

T R E A S U R E R Telephone number 5 0 5 - 3 9 3 - 2 1 7 1

Full Name of Designated Agent J A M E S F R A N C I S

Mailing Address P O B O X 2 2 0

H O B B S N M 8 8 2 4 1

Title or Position CITY STATE ZIP CODE

T R E A S U R E R Telephone number 5 0 5 - 3 9 3 - 2 1 7 1

27020111255

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Mailing Address

_____ - _____

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

_____ - _____

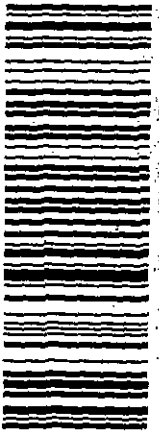
CITY ▲

STATE ▲

ZIP CODE ▲

27020111256

CERTIFIED MAIL™




2005 3110 0000 1995 7563



UNITED STATES POSTAGE
02 1A
004302774 MAR 30 2007
MAILED FROM ZIP CODE 88240
\$ 04.880
PRIMEY BOXES

**RETURN RECEIPT
REQUESTED**

**BY AIRWAYED
POST OFFICE
SENATE**


JOHNSON, MILLER & CO.
 Certified Public Accountants
 A Professional Corporation
 An Independent Member Of BDO Seidman Alliance
 Post Office Drawer 220
 Hobbs, New Mexico 88241-0220

OFFICE OF PUBLIC RECORDS
 PO BOX 5109
 ALEXANDRIA VA 22301-0109

SECRETARY OF THE SENATE
07 APR -9 PM 1:20

45211102072

NANCY ERICKSON
SECRETARY

PAMELA B. GAVIN
SUPERINTENDENT

HART SENATE OFFICE BUILDING
SUITE 232
WASHINGTON, DC 20510-7116
PHONE: (202) 224-0322

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED _____

Date of Receipt

USPS FIRST CLASS MAIL _____

Postmark

USPS REGISTERED/CERTIFIED _____

03-30-07

Postmark

USPS PRIORITY MAIL _____

Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL _____

Postmark

OVERNIGHT DELIVERY SERVICE:

SHIPPING DATE

NEXT BUSINESS DAY DELIVERY

FEDERAL EXPRESS _____

UPS _____

DHL _____

AIRBORNE EXPRESS _____

RECEIVED FROM FEDERAL ELECTION COMMISSION _____

Date of Receipt

POSTMARK ILLEGIBLE

NO POSTMARK

FAX _____

Date of Receipt

OTHER _____

Date of Receipt or Postmark

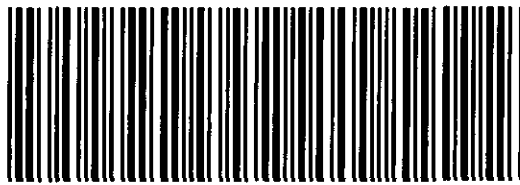
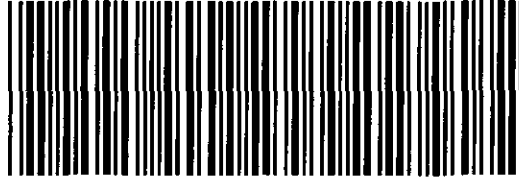
PREPARER

RD

DATE PREPARED

04-09-07

2702011258



27020111259