

FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

Office use only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines

12FE4M5

Pearce for Congress

ADDRESS (number and street)

P.O. Box 2696

(Check if address is changed)

Hobbs

NM

88241

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

pgpearce@suddenlink.net

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.pearceforcongress.com

COMMITTEE'S FAX NUMBER

505-392-4906

2. DATE

MM / DD / YYYY
02 / 25 / 2004

3. FEC IDENTIFICATION NUMBER

C C00373118

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

Electronically Filed by James Francis

Date

MM / DD / YYYY
05 / 02 / 2007

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. S437g.

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 **Steve Pearce**

Candidate Party Affiliation **REP** Office Sought: House Senate President State **NM** District **02**

- (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

Write or Type Committee Name

Pearce for Congress

- 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 **Philip G. Pearce**

Mailing Address **3718 Bridle Trails**

College Station TX 77845

Title or Position ▼ **Asst. Treasurer** CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number **979 690 2227**

- 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 **James Francis**

Mailing Address **P.O. Box 2696**

Hobbs NM 88241

Title or Position ▼ **Treasurer** CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number **505 523 4906**

Full Name of Designated Agent **Philip G. Pearce**

Mailing Address **3718 Bridle Trails**

College Station TX 77845

Title or Position ▼ **Asst. Treasurer** CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number **979 690 2227**

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.

Lea County State Bank

Mailing Address

P.O. Box 400

Hobbs

NM

88240

CITY ▲

STATE ▲

ZIP CODE ▲