									012 MAY 15 AM 10: 50
		Stevan I	Stevan E Pearce				202-225-2365	Ĺ	OFFICE OF THE CLERK
		(Full	(Full Name)				(Daytime Telephone)	U.9.	U.S. HOUSEAGES GEST STANY TIVES
ם פ		Member of the U.S.	State: NM			Officer Or	r Or Employing Office:		A \$200 penalty shall
Sta :		House of Representative	/e District: 02			Employee	yee		be assessed against
र हु	Report						Termination Date:		more than 30 days
J .	Type (V)	Annual (May 15)	Amendment	□ Te	Termination	tion			late.
PRE	LIMINARY	PRELIMINARY INFORMATION ANSWER EACH OF THESE QUESTIONS	ANSWER EACH	OF THE	SE (JUES	STIONS		
52 ⊊	d you or your sp 00 or more from	Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period?	, salaries or feas) of od?	Yes 🗸 No		≶	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$350 and not otherwise	y reportat	ble gift in where the No 🗹
=	yes, complete	If yes, complete and attach Schedule I.				 	If yes, complete and attach Schedule VI.		
 	d any individual ying you for a si	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period?	to charity in lieu of the reporting period?	Yes No	<u>S</u>	≦	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$350 from one source)?	y reportati vorth mor	te than Yes No
	year company	i Josi confuces and amount contention					il had actificate me amount action to		
₽ ₽₽₽	d you, your spot ore than \$200 in	Did you, your spouse, or a dependent chia receive "unearned" income or more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the and of the period?	reportable asset worth	Yes V No		≦	Did you note any reportative positions on or perore the date of tising in the VIII. current callendar year?	01 to 4080	Yes V No
] [3:	yes, complete	If yes, complete and attach Schedule III.					If yes, complete and attach Schedule VIII.		
⋝ ♀⊊	d you, your spou portable asset in	Did you, your spouse, or dependent child purchase, self, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting	₹	Yes S	<u> </u>	×	Did you have any reportable agreement or arrangement with an outside entity?	it with an	Yes No
.	yes, complete	if yes, complete and attach Schedule IV.				_	If yes, complete and attach Schedule IX.		
₹	d you, your spot ore than \$10,000	Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?		Yes No 🗸	<u>S</u>		Each question in this part must be ans	wered	this part must be answered and the appropriate
*	yes, complete	If yes, complete and attach Schedule V.				***	schedule attached for each "Yes" response	onse.	
C	LUSION C	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER	IDENT, OR TRU	ST INFO)RM	OLV	N - ANSWER EACH OF THESE QUESTIONS	QUES	STIONS
<u> </u>	Trusts-	Details regarding "Qualifi disclosed. Have you excl	ed Blind Trusts" approv	red by the Co	ommitt h a tru:	ee on E	Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	not be	Yes No 🗹
(ii)	Exemptions-	 Have you excluded from this report any other assets, "uneamed" income, transactions, or liabilities because they meet all three tests for exemption? Do not answer "yes" unless you have first con 	his report any other ass se tests for exemption?	sets, "uneam Do not ansv	wer "y	come, t es" unk	ransactions, or liabilities of a spouse or dependent child ass you have first consulted with the Committee on Ethics.	dent chii e on Ethi	ild ics. Yes □ No 🗸

CALENDAR YEAR 2011 FINANCIAL DISCLOSURE STATEMENT

For use by Members, officers, and employees East ATIVE RESOURCE CENTER

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HAND DELIVERED

FORM A

UNITED STATES HOUSE OF REPRESENTATIVES

SCHEDULE I - EARNED INCOME

Name Stevan E Pearce

Page 2 of 7

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000.

Source	Туре	Amount
LEA COUNTY STATE BANK	SPOUSE DIRECTOR FEE	N/A
LEA COUNTY BANCSHARES	SPOUSE DIRECTOR FEE	N/A

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Stevan E Pearce

Page 3 of 7

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	BLOCK A	Asset and/or income Source kentify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year.	Provide complete names of stocks and mutual funds (do not use ticker symbols.) For all IRAs and other retirement plans (such as 401(t) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period.	For rental or other real property held for investment, provide a complete address.	For an ownership interest in a privately-held business that is not publically traded, state the name of the business, the nature of its activities, and its geographic location in Block A.	Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$6,000 or less in a personal checking or saving accounts; and any financial interest in, or income derived from, a federal retirement program, including the Thritt Savings Plan.	If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or is jointly held with your spouse (JT), in the optional column on the far left.	College Sec 529 Plan Custom Choice	Congressional Federal Credit Union	Washington, DC Bank Accounts	Double Eagle Petroleum Co Stock	Exedra, LLC Equip Rental, Hobbs, NM Stock Membership	Gree, LTD Equip Rental, Hobbs, NM Stock Membership
L	<u> </u>	Yelue Value At close o Myou use	market va specify th If an asse included c is generat value sho				·	\$15,001 \$50,000	\$100,001 \$250,000		\$1,001 - \$15,000	\$250,001 \$500,000	\$250,001 \$500,000
	BLOCK B	Year-End Value of Asset At close of reporting year. If you use a valuation method other than fair	market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."					01 - 00	001 - 000		00 -	001 -	001 - -
	BLOCK C	Type of Income Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income	(such as 401(k) plans or IRAs), you may check the "None" column. Dividends, Interest, and capital galns, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.	•				None	INTEREST		None	None	CAPITAL GAINS
	BLOCK D	A mount of income For retirement accounts that do not allow you to choose specific investments or that generate tax- deferred income (such as 401(t) plans or IRAs), you may check	the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or careerstad.					NONE	\$1,001 - \$2,500		NONE	NONE	\$100,001 - \$1,000,000
	BLOCK	Transaction Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000	in reporting year.										

SCHED	SCHEDULE III - ASSETS AND "UNEARNED" INCOME	Name Stevan E Pearce	E Pearce		Page 4 of 7
	Investment Land Turtleback Lot T or C, NM	\$100,001 - \$250,000	None	NONE	
SP	Lea County Bancshares	\$1,000,001 - \$5,000,000	Dividends & Interest	\$100,001 - \$1,000,000	
	Lea County State Bank Money Market Account	\$100,001 - \$250,000	INTEREST	\$201 - \$1,000	
	LFT, LLC Equipment and Property Rental,	\$500,001 - \$1,000,000	None	NONE	
	Hobbs, NM	-	•		

	Stock Membership				
,	Trinity Industries, Inc Equip Rental, Hobbs NM	\$5,000,001 - \$25,000,000	Rent, Dividends, Interest & Capital	\$100,001 - \$1,000,000	
	Stock Membership		Gains] .
	USAA Federal Savings Bank San Antonio, TX Bank Account	\$1,001 - \$15,000	None	NONE	
SP	USAA SEP/IRA FDIC Ins Money Market Account	\$100,001 - \$250,000	None	NONE	
SP	USAA Simple IRA FDIC Ins	\$50,001 - \$100,000	None	NONE	
SP	Vehicles	\$15,001 - \$50,000	Rent	\$5,001 - \$15,000	
SP	Wells Fargo Bank Banking	\$1,001 - \$15,000	Dividends	\$1 - \$200	
	Stock				

SCHEDULE IV - TRANSACTIONS

Name Stevan E Pearce

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Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below. transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented

	SP, DC, JT
Gree, LTD - Sale of Airplane	Asset
S(part)	Type of Transaction
Yes	Capital Gain in Excess of \$200?
12-07-11	Date
\$500,001 - \$1,000,000	Amount of Transaction

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Stevan E Pearce

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spouse or dependent child that is totally independent of his or her relationship to you. the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the Identify the source and list travel kinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$350 received by you,

Source	Date(s)	Point of Departure DestinationPoint of Return	Lodging (Y/N)	Food? (Y/N)	Was a Family 7 Food? Member Included? (Y/N) (Y/N)	Days not at sponsor's expense
The Heritage Foundation	1/26/11- 1/29/11	DC-Los Angeles-El Paso - Hobbs, NM	Υ	~	Υ	None
Economic Development 7/1/11 Corporation of Lea County 7/2/11	7/1/11 - 7/2/11	Hobbs, NM - Houston	4	~	~	None

SCHEDULE VIII - POSITIONS

Name Stevan E Pearce

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Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Shareholder/President	Trinity Industries, Inc
Member	Exedra, LLC
Member	Gree, LTD
Member	LFT, LLC
Director	NM 4-H Youth Foundation
Director/President	Stevan & Cynthia Pearce Charitable Foundation