

# UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2012 FINANCIAL DISCLOSURE STATEMENT

FORM A

For use by Members, officers, and employees.

2013 MAY 15 PM 12:48

ACTIVE RESOURCE CENTER

**HAND DELIVERED**

Stevan E Pearce

(Full Name)

(Daytime Telephone)

U.S. HOUSE OF REPRESENTATIVES (Office Use Only)

MC

Filer Status	<input checked="" type="checkbox"/> Member of the U.S. House of Representative	State: NM	District: 02	<input type="checkbox"/> Officer Or Employee	Employing Office:	A \$200 penalty shall be assessed against anyone who files more than 30 days late.
	Report Type	<input checked="" type="checkbox"/> Annual (May 15)	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination	Termination Date:	

## PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VI. 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 exempt)?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If yes, complete and attach Schedule I.		If yes, complete and attach Schedule VI.	
II. 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?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	VII. 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)?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If yes, complete and attach Schedule II.		If yes, complete and attach Schedule VII.	
III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$1,000 at the end of the period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If yes, complete and attach Schedule III.		If yes, complete and attach Schedule VIII.	
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	IX. Did you have any reportable agreement or arrangement with an outside entity?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If yes, complete and attach Schedule IV.		If yes, complete and attach Schedule IX.	
V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	
If yes, complete and attach Schedule V.			

## IPO and EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

IPO-- Did you purchase any shares that were allocated as a part of an Initial Public Offering?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Trusts-- 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?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Exemptions-- Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

**SCHEDULE I - EARNED INCOME**

Name    Stevan E Pearce

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	Type	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 Steven E Pearce

Page 3 of 7

BLOCK A Asset and/or Income Source  Identify (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 source 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(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.  For rental or other real property held for investment, provide a complete address or a description, e.g., "rental property," and a city and state.  For an ownership interest in a privately-held business that is not publicly 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 \$5,000 or less in a personal checking or saving accounts; and any financial interest in, or income derived from, a federal retirement program, including the Thrift 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.  For a detailed discussion of Schedule III requirements, please refer to the instruction booklet.	BLOCK B Year-End Value of Asset  Indicate 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 during the reporting year and is included only because it generated income, the value should be "None."	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 gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.	BLOCK D Amount of Income  For assets for which you checked "Tax-Deferred" in Block C, 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 generated.  * This column is for income generated by assets held solely by your spouse or dependent child.	BLOCK E Transaction  Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.
College Sec 529 Plan Custom Choice	\$15,001 - \$50,000	None	NONE	
Congressional Federal Credit Union Washington, DC Bank Accounts	\$100,001 - \$250,000	INTEREST	\$1 - \$200	
Double Eagle Petroleum Co Stock	\$1,001 - \$15,000	Royalties	NONE	
Exedra, LLC Equip Rental, Hobbs, NM Stock Membership	\$250,001 - \$500,000	Rent	\$1 - \$200	
Gree, LTD Equip Rental, Hobbs, NM Stock Membership	\$250,001 - \$500,000	None	NONE	

**SCHEDULE III - ASSETS AND "UNEARNED" INCOME**

Name Stevan 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, Hobbs, NM	\$1,000,001 - \$5,000,000	Rent	\$100,001 - \$1,000,000	
	Stock Membership				
	Trinity Industries, Inc Equip Rental, Hobbs NM	\$5,000,001 - \$25,000,000	Rent, Dividends, Interest & Capital Gains	\$100,001 - \$1,000,000	
	Stock Membership				
	USAA Federal Savings Bank San Antonio, TX	\$1,001 - \$15,000	None	NONE	
	Bank Account				
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 Stock	\$1,001 - \$15,000	Dividends	\$201 - \$1,000	

# SCHEDULE IV - TRANSACTIONS

Name Stevan E Pearce

Page 5 of 7

Report any purchase, sale, or exchange transactions by you, your spouse, or dependent child during the reporting period of any security or real property held for investment that exceeded \$1,000. Include transactions that resulted in a capital loss. Provide a brief description of any exchange transaction. Exclude transactions between you, your spouse or dependent children, or the purchase or sale of your personal residence, unless it generates rental income. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

Capital Gains — if a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box and disclose this income on Schedule III.

\* This column is for assets solely held by your spouse or dependent child.

SP, DC, JT	Asset	Type of Transaction	Capital Gain in Excess of \$200?	Date	Amount of Transaction
	Gree, LTD - purchase of airplane interest	P	N/A	09/14/12	\$250,001 - \$500,000

**SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS**

Name Stevan E Pearce

Page 6 of 7

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$350 received by you, 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 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 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 spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure-- Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
The Heritage Foundation	4/27/12- 4/28/12	DC-Colorado Springs	Y	Y	N	None
US Association of Former Members of Congress	4/3/12- 4/5/12	Midland, TX - Atlanta, GA - DC	Y	Y	Y	None

## SCHEDULE VIII - POSITIONS

Name Stevan E Pearce

Page 7 of 7

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