STATEMENT OF ECONOMIC INTERESTS

NAME OF FILER

(PERSONAL) ____________________________________________

(LAST) Pearce

(FIRST) Jeannine

(MIDDLE)

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City Officials - City Council

Division, Board, Department, District, if applicable

Your Position

Councilmember - 2nd District

If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: ___________________________________________

Position: _________________________________________

2. Jurisdiction of Office (Check at least one box)

☐ State

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ Multi-County ________________________________

☐ County of ___________________________________

☐ City of Long Beach

☐ Other _________________________________________

3. Type of Statement (Check at least one box)


☐ Leaving Office: Date Left _____/_____/_______

☐ The period covered is _____/_____/_______ through December 31, 2017.

☐ Asssuming Office: Date assumed _____/_____/_______

☐ The period covered is _____/_____/_______ through the date of leaving office.

☐ Candidate: Date of Election _______________ and office sought, if different than Part 1: _______________

4. Schedule Summary (must complete) ► Total number of pages including this cover page: 5

Schedules attached

☐ Schedule A-1 - Investments – schedule attached

☐ Schedule A-2 - Investments – schedule attached

☐ Schedule B - Real Property – schedule attached

☐ Schedule C - Income, Loans, & Business Positions – schedule attached

☐ Schedule D - Income – Gifts – schedule attached

☐ Schedule E - Income – Gifts – Travel Payments – schedule attached

☐ None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS

333 West Ocean Blvd., 14th floor, 333 West Ocean Blvd., 14th floor

STREET

Long Beach

CITY

CA

STATE

90802

ZIP CODE

DAYTIME TELEPHONE NUMBER (562) 570-6965

E-MAIL ADDRESS jeannine.pearce@longbeach.gov

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 09/03/2019 03:09 PM

Signature ____________________________________________

Electronic Submission (File the originally signed statement with your filing official.)

FPPC Form 700 (2017/2018)

FPPC Advice Email: advice@fppc.ca.gov

FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov
## SCHEDULE C
Income, Loans, & Business Positions
(Other than Gifts and Travel Payments)

### 1. INCOME RECEIVED

<table>
<thead>
<tr>
<th>NAME OF SOURCE OF INCOME</th>
</tr>
</thead>
<tbody>
<tr>
<td>TRU Consulting</td>
</tr>
<tr>
<td>ADDRESS (Business Address Acceptable)</td>
</tr>
<tr>
<td>2475 Oregon Ave. Long Beach, CA 90807</td>
</tr>
<tr>
<td>BUSINESS ACTIVITY, IF ANY, OF SOURCE</td>
</tr>
<tr>
<td>Consulting</td>
</tr>
<tr>
<td>YOUR BUSINESS POSITION</td>
</tr>
<tr>
<td>Independent Contractor</td>
</tr>
</tbody>
</table>

**GROSS INCOME RECEIVED**

- [ ] $500 - $1,000
- [x] $1,001 - $10,000
- [ ] $10,001 - $100,000
- [ ] OVER $100,000

**CONSIDERATION FOR WHICH INCOME WAS RECEIVED**

- [ ] Salary
- [ ] Spouse’s or registered domestic partner’s income (For self-employed use Schedule A-2.)
- [ ] Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
- [ ] Sale of
  - [ ] (Real property, car, boat, etc.)
  - [ ] Loan repayment
  - [ ] Commission or
  - [ ] Rental Income, list each source of $10,000 or more
- [x] Other
  - [ ] (Describe)

**INDEPENDENT CONTRACTOR**

- [ ] Other
  - [ ] (Describe)

**Comments:**

### 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

*You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

<table>
<thead>
<tr>
<th>NAME OF LENDER*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

**ADDRESS (Business Address Acceptable)**

<table>
<thead>
<tr>
<th>BUSINESS ACTIVITY, IF ANY, OF LENDER</th>
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</tbody>
</table>

**HIGHEST BALANCE DURING REPORTING PERIOD**

- [ ] $500 - $1,000
- [ ] $1,001 - $10,000
- [ ] $10,001 - $100,000
- [ ] OVER $100,000

**INTEREST RATE**

- [ ] %
- [ ] None

**TERM (Months/Years)**

- [ ]

**SECURITY FOR LOAN**

- [ ] None
- [ ] Personal residence
- [ ] Real Property
- [ ] Street address
- [ ] City
- [ ] Guarantor
- [ ] Other
  - [ ] (Describe)

---

### Filer’s Verification

Print Name: Jeannine Pearce
Office, Agency or Court: City Officials - City Council
Statement Type: X 2017/2018 Annual

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed: 09/03/2019 03:09 PM
Filer’s Signature: 
Electronic Submission: 

---

FPPC Form 700 (2017/2018) Sch. C
FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov
## SCHEDULE D
### Income – Gifts

### NAME OF SOURCE (Not an Acronym)
**Children Today**

**ADDRESS (Business Address Acceptable)**
2951 Long Beach Boulevard, Long Beach, CA 90806

**BUSINESS ACTIVITY, IF ANY, OF SOURCE**
Non-Profit

<table>
<thead>
<tr>
<th>DATE (mm/dd/yy)</th>
<th>VALUE</th>
<th>DESCRIPTION OF GIFT(S)</th>
</tr>
</thead>
<tbody>
<tr>
<td>02/11/17</td>
<td>$150</td>
<td>Individual Seat</td>
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</table>

### NAME OF SOURCE (Not an Acronym)
**Friends of Bixby Park**

**ADDRESS (Business Address Acceptable)**
130 Cherry Ave, Long Beach, CA 90802

**BUSINESS ACTIVITY, IF ANY, OF SOURCE**
Non-Profit

<table>
<thead>
<tr>
<th>DATE (mm/dd/yy)</th>
<th>VALUE</th>
<th>DESCRIPTION OF GIFT(S)</th>
</tr>
</thead>
<tbody>
<tr>
<td>03/09/17</td>
<td>$65</td>
<td>Dinner Event</td>
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</tbody>
</table>

### NAME OF SOURCE (Not an Acronym)
**Congresswoman Linda Sanchez**

**ADDRESS (Business Address Acceptable)**
12440 e. Imperial Hwy, Ste. 140, Norwalk, Ca 90650

**BUSINESS ACTIVITY, IF ANY, OF SOURCE**
Government

<table>
<thead>
<tr>
<th>DATE (mm/dd/yy)</th>
<th>VALUE</th>
<th>DESCRIPTION OF GIFT(S)</th>
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<tbody>
<tr>
<td>05/12/17</td>
<td>$125</td>
<td>Breakfast Event</td>
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</table>

### NAME OF SOURCE (Not an Acronym)
**Housing Long Beach**

**ADDRESS (Business Address Acceptable)**
525 E. 7th St. Ste. 111, Long Beach, Ca 90813

**BUSINESS ACTIVITY, IF ANY, OF SOURCE**
Non-Profit

<table>
<thead>
<tr>
<th>DATE (mm/dd/yy)</th>
<th>VALUE</th>
<th>DESCRIPTION OF GIFT(S)</th>
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<tbody>
<tr>
<td>02/16/17</td>
<td>$40</td>
<td>Individual Seat</td>
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</tbody>
</table>

### Name of Source (Not an Acronym)
**Downtown Long Beach Association**

**ADDRESS (Business Address Acceptable)**
100 W. Broadway #120, Long Beach, Ca 90802

**BUSINESS ACTIVITY, IF ANY, OF SOURCE**
Non-Profit

<table>
<thead>
<tr>
<th>DATE (mm/dd/yy)</th>
<th>VALUE</th>
<th>DESCRIPTION OF GIFT(S)</th>
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<td>04/08/17</td>
<td>$290</td>
<td>Event</td>
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</table>

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### Filer’s Verification

**Print Name** Jeannine Pearce

**Office, Agency or Court** City Officials - City Council

**Statement Type** ✗ 2017/2018 Annual □ Assuming □ Leaving □ (yr) Annual □ Candidate

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

**Date Signed** 09/03/2019 03:09 PM

**Filer’s Signature** Electronic Submission

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Comments:
## SCHEDULE D
### Income – Gifts

### NAME OF SOURCE (Not an Acronym)

**International City Theatre**

**ADDRESS (Business Address Acceptable)**

330 E. Seaside Way, Long Beach, Ca 90802

**BUSINESS ACTIVITY, IF ANY, OF SOURCE**

Non-Profit

<table>
<thead>
<tr>
<th>DATE (mm/dd/yy)</th>
<th>VALUE</th>
<th>DESCRIPTION OF GIFT(S)</th>
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</thead>
<tbody>
<tr>
<td>04/21/17</td>
<td>$110</td>
<td>2 Individual Seats</td>
</tr>
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</table>

### NAME OF SOURCE (Not an Acronym)

**Long Beach Convention Center**

**ADDRESS (Business Address Acceptable)**

300 e. ocean Blvd, Long Beach, Ca 90802

**BUSINESS ACTIVITY, IF ANY, OF SOURCE**

Entertainment Center

<table>
<thead>
<tr>
<th>DATE (mm/dd/yy)</th>
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<td>05/24/17</td>
<td>$200</td>
<td>Event</td>
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### NAME OF SOURCE (Not an Acronym)

**Keesal, Young and Logan**

**ADDRESS (Business Address Acceptable)**

400 Oceangate #1400, Long Beach, Ca 90802

**BUSINESS ACTIVITY, IF ANY, OF SOURCE**

LawFirm

<table>
<thead>
<tr>
<th>DATE (mm/dd/yy)</th>
<th>VALUE</th>
<th>DESCRIPTION OF GIFT(S)</th>
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<tbody>
<tr>
<td>04/09/17</td>
<td>$40</td>
<td>Event</td>
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</table>

### NAME OF SOURCE (Not an Acronym)

**Long Beach Symphony**

**ADDRESS (Business Address Acceptable)**

249 E. Ocean Blvd, Long Beach, Ca 90802

**BUSINESS ACTIVITY, IF ANY, OF SOURCE**

Non-Profit

<table>
<thead>
<tr>
<th>DATE (mm/dd/yy)</th>
<th>VALUE</th>
<th>DESCRIPTION OF GIFT(S)</th>
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</thead>
<tbody>
<tr>
<td>05/13/17</td>
<td>$48</td>
<td>Concert</td>
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### NAME OF SOURCE (Not an Acronym)

**Long Beach Community Action Partnership**

**ADDRESS (Business Address Acceptable)**

117 W. Victoria St., Long Beach, CA 90805

**BUSINESS ACTIVITY, IF ANY, OF SOURCE**

Non-Profit

<table>
<thead>
<tr>
<th>DATE (mm/dd/yy)</th>
<th>VALUE</th>
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<tbody>
<tr>
<td>02/25/17</td>
<td>$100</td>
<td>Event</td>
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**Print Name** Jeannine Pearce

**Office, Agency or Court** City Officials - City Council

**Statement Type**

- [x] 2017/2018 Annual
- [ ] Assuming
- [ ] Leaving (yr)
- [ ] Annual
- [ ] Candidate
- [ ] Non-Candidate

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**Filer’s Signature** Electronic Submission

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Comments: 

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**FPPC Form 700 (2017/2018) Sch. D**

FPPC Advice Email: advice@fppc.ca.gov

FPPC Toll-Free Helpline: 866/275-3772  www.fppc.ca.gov
**SCHEDULE D**  
**Income – Gifts**  

**NAME OF SOURCE (Not an Acronym)**  
Matt Revani & Mershead Khazari  
**ADDRESS (Business Address Acceptable)**  
40 S. Locust Avenue, Long Beach, Ca 90802  
**BUSINESS ACTIVITY, IF ANY, OF SOURCE**  
Restaurant  

<table>
<thead>
<tr>
<th>DATE (mm/dd/yy)</th>
<th>VALUE</th>
<th>DESCRIPTION OF GIFT(S)</th>
</tr>
</thead>
<tbody>
<tr>
<td>04/08/17</td>
<td>$120</td>
<td>Dinner Event</td>
</tr>
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</tbody>
</table>

**NAME OF SOURCE (Not an Acronym)**  
Mental Health America Los Angeles  
**ADDRESS (Business Address Acceptable)**  
200 Pine Ave, Suite 400, Long Beach, Ca 90802  
**BUSINESS ACTIVITY, IF ANY, OF SOURCE**  
Non-Profit  

<table>
<thead>
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<th>DATE (mm/dd/yy)</th>
<th>VALUE</th>
<th>DESCRIPTION OF GIFT(S)</th>
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<tbody>
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<td>10/02/17</td>
<td>$250</td>
<td>Event</td>
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</table>

**NAME OF SOURCE (Not an Acronym)**  
The LGBTQ Center  
**ADDRESS (Business Address Acceptable)**  
2017 E. 4th St., Long Beach, Ca 90814  
**BUSINESS ACTIVITY, IF ANY, OF SOURCE**  
Non-Profit  

<table>
<thead>
<tr>
<th>DATE (mm/dd/yy)</th>
<th>VALUE</th>
<th>DESCRIPTION OF GIFT(S)</th>
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<tbody>
<tr>
<td>04/22/17</td>
<td>$175</td>
<td>Event</td>
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</tbody>
</table>

**Filer’s Verification**  
**Print Name** Jeannine Pearce  
**Office, Agency or Court** City Officials - City Council  
**Statement Type**  
- [X] 2017/2018 Annual  
- [ ] Assuming  
- [ ] Leaving  
- [ ] (yr) Annual  
- [ ] Candidate  

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