

RECEIVED  
CITY CLERK  
LONG BEACH

JUL 15 AM 9:4

Please type or print in ink.

NAME OF FILER (LAST) Pearce (FIRST) Jeannine (MIDDLE)

**1. Office, Agency, or Court**

Agency Name (Do not use acronyms)  
Long Beach

Division, Board, Department, District, if applicable  
City Council

Your Position  
City Council Member, District 2

▶ 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
- Multi-County \_\_\_\_\_
- City of Long Beach
- Judge or Court Commissioner (Statewide Jurisdiction)
- County of \_\_\_\_\_
- Other \_\_\_\_\_

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

- Annual:** The period covered is January 1, 2015, through December 31, 2015.
- or-
- The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2015.
- Assuming Office:** Date assumed 7 / 19 / 2016
- Leaving Office:** Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one)
- The period covered is January 1, 2015, through the date of leaving office.
- or-
- The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.
- Candidate:** Election year \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_

**4. Schedule Summary (must complete) ▶ Total number of pages including this cover page: \_\_\_\_\_**

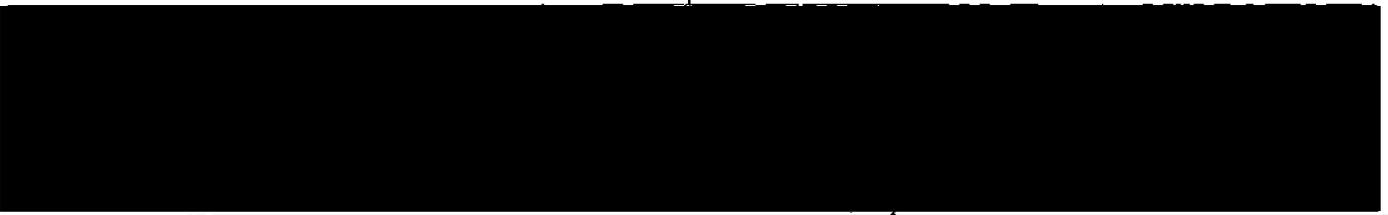
**Schedules attached**

- 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
- or-
- None - No reportable interests on any schedule**

**5. Verification**

MAILING ADDRESS STREET CITY STATE ZIP CODE  
(Business or Agency Address Recommended - Public Document)  
525 E Seaside Way #101 Long Beach CA 90802

DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS  
( 562 ) 570-6684 JeannineLBC@gmail.com



**Investments**  
**Stocks, Bonds, and Other Interests**  
(Ownership Interest is Less Than 10%)

Name \_\_\_\_\_

Do not attach brokerage or financial statements.

▶ NAME OF BUSINESS ENTITY  
Edward Jones

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GENERAL DESCRIPTION OF THIS BUSINESS

Financial Planning

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FAIR MARKET VALUE

\$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT

Stock       Other \_\_\_\_\_  
(Describe)

Partnership     Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/15      \_\_\_\_/\_\_\_\_/15  
 ACQUIRED                  DISPOSED

▶ NAME OF BUSINESS ENTITY  
Prudential

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GENERAL DESCRIPTION OF THIS BUSINESS

Financial Planning

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FAIR MARKET VALUE

\$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT

Stock       Other \_\_\_\_\_  
(Describe)

Partnership     Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/15      \_\_\_\_/\_\_\_\_/15  
 ACQUIRED                  DISPOSED

▶ NAME OF BUSINESS ENTITY  
Lincoln

---

GENERAL DESCRIPTION OF THIS BUSINESS

Financial Planning

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FAIR MARKET VALUE

\$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT

Stock       Other \_\_\_\_\_  
(Describe)

Partnership     Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/15      \_\_\_\_/\_\_\_\_/15  
 ACQUIRED                  DISPOSED

▶ NAME OF BUSINESS ENTITY

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GENERAL DESCRIPTION OF THIS BUSINESS

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FAIR MARKET VALUE

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 ACQUIRED                  DISPOSED

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GENERAL DESCRIPTION OF THIS BUSINESS

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FAIR MARKET VALUE

\$2,000 - \$10,000       \$10,001 - \$100,000  
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Stock       Other \_\_\_\_\_  
(Describe)

Partnership     Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/15      \_\_\_\_/\_\_\_\_/15  
 ACQUIRED                  DISPOSED

Comments: \_\_\_\_\_

**SCHEDULE C**  
**Income, Loans, & Business**  
**Positions**  
 (Other than Gifts and Travel Payments)

▶ 1. INCOME RECEIVED	▶ 1. INCOME RECEIVED
<p>NAME OF SOURCE OF INCOME Los Angeles Alliance for a New Economy</p> <hr/> <p>ADDRESS (Business Address Acceptable) 464 Lucas Ave</p> <hr/> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE Non-Profit Policy</p> <hr/> <p>YOUR BUSINESS POSITION Special Projects Director</p> <hr/> <p>GROSS INCOME RECEIVED  <input type="checkbox"/> \$500 - \$1,000      <input type="checkbox"/> \$1,001 - \$10,000  <input checked="" type="checkbox"/> \$10,001 - \$100,000      <input type="checkbox"/> OVER \$100,000</p> <p>CONSIDERATION FOR WHICH INCOME WAS RECEIVED  <input checked="" type="checkbox"/> Salary      <input type="checkbox"/> Spouse's or registered domestic partner's income        (For self-employed use Schedule A-2.)</p> <p><input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)</p> <p><input type="checkbox"/> Sale of _____        (Real property, car, boat, etc.)</p> <p><input type="checkbox"/> Loan repayment</p> <p><input type="checkbox"/> Commission or      <input type="checkbox"/> Rental Income, list each source of \$10,000 or more</p> <p>_____        (Describe)</p> <p><input type="checkbox"/> Other _____        (Describe)</p>	<p>NAME OF SOURCE OF INCOME Rook Media</p> <hr/> <p>ADDRESS (Business Address Acceptable) NY</p> <hr/> <p>BUSINESS ACTIVITY IF ANY, OF SOURCE Internet Modernization</p> <hr/> <p>YOUR BUSINESS POSITION Manager</p> <hr/> <p>GROSS INCOME RECEIVED  <input type="checkbox"/> \$500 - \$1,000      <input type="checkbox"/> \$1,001 - \$10,000  <input type="checkbox"/> \$10,001 - \$100,000      <input checked="" type="checkbox"/> OVER \$100,000</p> <p>CONSIDERATION FOR WHICH INCOME WAS RECEIVED  <input type="checkbox"/> Salary      <input checked="" type="checkbox"/> Spouse's or registered domestic partner's income        (For self-employed use Schedule A-2.)</p> <p><input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)</p> <p><input type="checkbox"/> Sale of _____        (Real property, car, boat, etc.)</p> <p><input type="checkbox"/> Loan repayment</p> <p><input type="checkbox"/> Commission or      <input type="checkbox"/> Rental Income, list each source of \$10,000 or more</p> <p>_____        (Describe)</p> <p><input type="checkbox"/> Other _____        (Describe)</p>

▶ 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:

<p>NAME OF LENDER* _____</p> <hr/> <p>ADDRESS (Business Address Acceptable) _____</p> <hr/> <p>BUSINESS ACTIVITY, IF ANY, OF LENDER _____</p> <hr/> <p>HIGHEST BALANCE DURING REPORTING PERIOD  <input type="checkbox"/> \$500 - \$1,000  <input type="checkbox"/> \$1,001 - \$10,000  <input type="checkbox"/> \$10,001 - \$100,000  <input type="checkbox"/> OVER \$100,000</p>	<p>INTEREST RATE _____%      <input type="checkbox"/> None</p> <p>TERM (Months/Years) _____</p> <p>SECURITY FOR LOAN  <input type="checkbox"/> None      <input type="checkbox"/> Personal residence</p> <p><input type="checkbox"/> Real Property _____        Street address _____        City _____</p> <p><input type="checkbox"/> Guarantor _____</p> <p><input type="checkbox"/> Other _____        (Describe)</p>
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Comments: \_\_\_\_\_

**SCHEDULE D**  
**Income – Gifts**

Name \_\_\_\_\_

▶ **NAME OF SOURCE (Not an Acronym)**  
 Fire Local 372

ADDRESS (Business Address Acceptable)  
 3333 E Spring Street #222 LB 90806

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Fire Fighter Union

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
6 / 18 / 2016	\$ 320	Event Tickets
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ **NAME OF SOURCE (Not an Acronym)**

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ **NAME OF SOURCE (Not an Acronym)**

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ **NAME OF SOURCE (Not an Acronym)**

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ **NAME OF SOURCE (Not an Acronym)**

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ **NAME OF SOURCE (Not an Acronym)**

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

Comments: \_\_\_\_\_