

COVER PAGE

Filed Date: 04/04/2018 11:51 AM
SAN: 031300023-STH-0023

Please type or print in ink.

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

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)

- Annual:** The period covered is January 1, 2017, through December 31, 2017.
-or-
The period covered is ____/____/____, through December 31, 2017.
- Assuming Office:** Date assumed ____/____/____
- Candidate:** Date of Election _____ and office sought, if different than Part 1: _____
- Leaving Office:** Date Left ____/____/____ (Check one)
 - The period covered is January 1, 2017, through the date of leaving office.
 - or-
 - The period covered is ____/____/____, through the date of leaving office.

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

Schedules attached

- Schedule A-1 - Investments** – schedule attached **Schedule C - Income, Loans, & Business Positions** – schedule attached
- Schedule A-2 - Investments** – schedule attached **Schedule D - Income – Gifts** – schedule attached
- Schedule B - Real Property** – 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)
333 West Ocean Blvd., 14th floor, 333 West Ocean Blvd., 14th floor Long Beach CA 90802
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
(562) 570-6965 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 04/04/2018 11:51 AM Signature Electronic Submission
(month, day, year) (File the originally signed statement with your filing official.)

SCHEDULE D
Income – Gifts

Name
 Jeannine Pearce

▶ 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

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 11 / 17	\$ 150	Individual Seat
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ 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

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 09 / 17	\$ 65	Dinner Event
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ 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

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 16 / 17	\$ 40	Individual Seat
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ 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

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 08 / 17	\$ 120	Dinner Event
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ 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

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 25 / 17	\$ 100	Event
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ 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

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 09 / 17	\$ 40	Event
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments: _____

SCHEDULE D
Income – Gifts

Name
 Jeannine Pearce

▶ 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

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 08 / 17	\$ 290	Event
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ 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

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 12 / 17	\$ 125	Breakfast Event
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ 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

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 21 / 17	\$ 110	2 Individual Seats
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ 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

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 13 / 17	\$ 48	Concert
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ 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

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 22 / 17	\$ 175	Event
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ 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

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 24 / 17	\$ 200	Event
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments: _____

SCHEDULE D
Income – Gifts

▶ 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

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 02 / 17	\$ 250	Event
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ 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)*

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

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BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

Comments: _____