R	ecipient Committee				Data Starra		COVER PAGE
	ampaign Statement				Date Stamp	CALIFOR	
	over Page	Statement covers pe from02/14/20 through12/31/20	21	Date of election if applicable: (Month, Day, Year)	APR 0 6 2021 ADMN/CITYMGR		of19icial Use Only
1.	Type of Recipient Committee: All Committee X Officeholder, Candidate Controlled Committee State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee Political Party/Central Committee	es – Complete Parts 1, 2, 3, and 4 Primarily Formed Ballot Measur Committee Controlled Sponsored (Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	re	2. Type of Statement: Preelection Statement Semi-annual Statement X Termination Statement (Also file a Form 410 Termina Amendment (Explain Below)		r Staternent Odd-Year Report	
3.	Committee Information	I.D. NUMBER 1428724		Treasurer(s)			
	COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMM Diane Pearce for Clovis City Council 202 STREET ADDRESS (NO P.O. BOX)			NAME OF TREASURER Melissa Allen MAILING ADDRESS CITY	- CYAYE	7/D CODE	ADE A CODE IN IONE
	STREET ADDRESS (NO P.O. BOA)				STATE	ZIP CODE	AREA CODE/PHONE
	CITY	STATE ZIP CODE	AREA CODE/PHONE	Presno, CA 93704 NAME OF ASSISTANT TREASURER, IF	ANY		
	MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OF	₹P.O. BOX		MAILING ADDRESS			
	CITY	STATE ZIP CODE	AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
	OPTIONAL: FAX / E-MAIL ADDRESS			OPTIONAL: FAX / E-MAIL ADDRESS			
4.	Verification I have used all reasonable diligence in prepari complete. I certify under penalty of perjury under penalty of pena	ng and reviewing this statem ler the laws of the State of C	alifornia that the for	egoing is true and correct. Signature of Treasu ture of Controlling Officeholder, Candidate, Sta	rer or Assistant Treasurer Late Measure Proponent or Responsibler, Candidate, State Measure Propor	le Officer of Sponsor eent	es is true and
	DATE			Signature of Controlling Officehold	er, Candidate, State Measure Propor	nent	

Recipient Committee Campaign Statement Cover Page - Part 2

5. Officeholder or Candidate Controlled Commit	tee	6. Primarily Formed Ballot Measure Committee						
NAME OF OFFICEHOLDER OR CANDIDATE		NAME OF BALLOT MEASURE						
Diane Pearce								
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NU	IMBER IF APPLICABLE)	BALLOT NO. OR LETTER J	URISDICTION	SUPPORT				
City Council Member				OPPOSE				
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	TY STATE ZIP							
		Identify the controlling off	ceholder, candidate, or stat	e measure proponent, if any.				
		NAME OF OFFICEHOLDER, CANDID						
Related Committees Not Included in this Statement:								
not included in this statement that are controlled by you or are pr or make expenditures on behalf of your candidacy	imarily formed to receive contributions	OFFICE SOUGHT OR HELD		DISTRICT NO. IF ANY				
COMMITTEE NAME	I.D. NUMBER	-	100-					
NAME OF TREASURER	CONTROLLED COMMITTEE? YES NO		didate/Officeholder Committes is properties of the committee of the committee is properties of the committee					
COMMITTEE ADDRESS STREET ADDRESS	(NO P.O. BOX)	NAME OF OFFICEHOLDER OR CAN	DIDATE OFFICE SOUGHT (☐ SUPPORT				
CITY STATE	ZIP CODE AREA CODE/PHONE			☐ OPPOSE				
	AND CODE TIONS	NAME OF OFFICEHOLDER OR CAN	DIDATE OFFICE SOUGHT C	OR HELD SUPPORT				
COMMITTEE NAME	I.D. NUMBER			OPPOSE				
COMMITTEE NAME	I.D. NOMBER	NAME OF OFFICEHOLDER OR CAN	DIDATE OFFICE SOUGHT O					
MANE OF TREASURER		NAME OF OFFICE POLICE ON OAK	JUNIE JOHNE SOUGHT C	I SOFFORI				
NAME OF TREASURER	CONTROLLED COMMITTEE?			☐ OPPOSE				
		NAME OF OFFICEHOLDER OR CAN	DIDATE OFFICE SOUGHT O	OR HELD SUPPORT				
COMMITTEE ADDRESS STREET ADDRESS	(NO P.O. BOX)			OPPOSE				
		51-						
CITY STATE	ZIP CODE AREA CODE/PHONE							

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

Column A

TOTAL THIS PERIOD

(FROM ATTACHED SCHEDULES)

6,800.00

.00

6,800.00

.00

6,800.00

21,156,44

16,182.92

.00

Statement covers period 02/14/2021 from

> 12/31/2021 3 of 19

> > I.D. NUMBER

1428724

Total to Date

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE

Contributions Received

NAME OF FILER

Diane Pearce for Clovis City Council 2021

Calendar Year Summary for Candidates Running in Both the State Primary and

General Elections

Date of Election

(mm/dd/yy)

Made

7/1 to Date 1/1 through 6/30 20. Contributions .00 Received Expenditures .00 .00

Expenditures Made 6. Payments Made ______ Schedule E, Line 4 23,205.97

Loans Received Schedule B, Line 3

3. SUBTOTAL CASH CONTRIBUTIONS ______ Add Lines 1 + 2 \$

TOTAL CONTRIBUTIONS RECEIVED. Add Lines 3 + 4 \$

11. TOTAL EXPENDITURES MADE...... Add Lines 8 + 9 + 10

.00 .00 8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7 23,205.97 53,492,92 9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 -2.049.53 .00 5.384.04

Current Cash Statement 12. Beginning Cash Balance Previous Summary Page, Line 16 \$

- 6,800.00 14. Miscellaneous Increases to Cash Schedule I, Line 4 223.05 23,205.97 16. ENDING CASH BALANCE
- 17. LOAN GUARANTEES RECEIVED...... Schedule B, Line 2 \$ 00

Add Lines 12 + 13 + 14, then subtract Line 15

Cash Equivalents and Outstanding Debts

If this is a termination statement, Line 16 must be zero.

18. Cash Equivalents See instructions on reverse .00 19. Outstanding Debts Add Line 2 + Line 9 in Column B above

To calculate Column B. add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

through

Column B

CALENDAR YEAR

TOTAL TO DATE

37,957.00

.00

37,957.00

5,384.04

43.341.04

53 492 92

58.876.96

Expenditures Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)

 \$
\$
 \$
 \$
 \$

FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

^{*}Amounts in this section may be different from amounts reported in Column B.

Schedule A Monetary Contributions Received		randalis may be realided		Statement covers	period	CALIFORNIA 460		
				from02/14/2 through12/31/2		FO Page _		
SEE INSTRUCT	IONS ON REVERSE			unough				
	e for Clovis City Council 2021					I.D. NUMBE	1428724	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF- EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIV CALENDA (JAN. 1 - I	AR YEAR	PER ELECTION TO DATE (IF REQUIRED)	
	Mary Egoian	IND IND	Retired	100.00	100.	.00	100.00 G-2021	
02/18/2021		COM None OTH PTY SCC				100.00 3-2021		
	June V. Alles	☑ IND	Retired	200.00	200.	.00	200.00 G-2021	
02/19/2021		□ COM □ OTH □ PTY □ SCC	None				200.00 G-2021	
	Gaurav Sethi	☑ IND		500.00 500		.00	500.00 G-2021	
02/19/2021		COM OTH PTY SCC	Sethi Management Inc				500.00 G-2021	
	Gloria J. Gray	⊠ IND	Realtor	100.00 10		.00	100.00 G-2021	
02/22/2021		COM OTH PTY SCC	Gloria Gray				100.00 0-2021	
	Precision Civil Engineering	□ IND		2,000.00	2,000	0.00	2,000.00 G-2021	
02/24/2021	□ COM ☑ OTH □ PTY □ SCC						2,000.00 0-2021	

SUBTOTAL \$

2,900.00

Schedule A Monetary Contributions Received		Ame	Amounts may be rounded to whole dollars.		Statement covers period			CALIFORNIA 460	
				from	12/31/	2021	FO	RM TOC	
SEE INSTRUCT	IONS ON REVERSE		(w)	through _	1201/		Page _	5 of 19	
NAME OF FILER	2						I.D. NUMBE	ER .	
Diane Pearc	e for Clovis City Council 2021							1428724	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF- EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD CALENDAR YEAR (JAN. 1 - DEC. 31)		AR YEAR	PER ELECTION TO DATE (IF REQUIRED)		
	Tutelian & Company	□ IND		500.	00	500	0.00	500.00 G-2021	
02/24/2021		□ COM ☑ OTH □ PTY □ SCC						300.00 G-2021	
	Emory Cate	⊠ IND	Retired	1,000	.00	1,50	0.00	1 500 00 C 2021	
02/25/2021		□ COM None □ OTH □ PTY □ SCC						1,500.00 G-2021	
	JST, LLC	□IND		400.00		400.00		400.00 G-2021	
02/28/2021		□ COM □ OTH □ PTY □ SCC						400.00 G-2021	
	Jacob Ulam	⊠ IND	Educator	100.	00	200	.00	200.00 G-2021	
02/28/2021		□ COM □ OTH □ PTY □ SCC	Fresno Unified School District					250.50 0 2521	
	Darlene Basden	⊠ IND	Retired	100.00		100.00		100.00 G-2021	
03/01/2021		□ COM □ OTH □ PTY □ SCC	None						

SUBTOTAL \$	2,100.00	

	Contributions Received	Am	ounts may be rounded to whole dollars.	Statement covers from		CALIF FO	ORNIA 460 RM 6 of 19	
NAME OF FILE	TIONS ON REVERSE R					I.D. NUMBE	R	
Diane Peard	ce for Clovis City Council 2021						1428724	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF- EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIV CALENDA (JAN. 1 -	AR YEAR	PER ELECTION TO DATE (IF REQUIRED)	
	Richard Caglia	⊠ IND	President	1,500.00	1,500.00			
03/10/2021		COM OTH PTY SCC	Caglia Diversified Management				1,945.74 G-2021	

Schedule A Summary		* Contributor Codes
Amount received this period - itemized monetary contributions. (Include all Schedule A subtotals.)— — — — — — — — — — — — — — — — — — —	6,500.00	IND - Individual
2. Amount received this period - unitemized monetary contributions of less than \$100 \$	300.00	COM - Recipient Committee (other than PTY or SCC) OTH - Other (e.g., business entity)
3. Total monetary contributions received this period. (add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)	6,800.00	PTY - Political Party SCC - Small Contributor Committee
SUBTOTAL \$	1,500.00	

Schedule B - Part 1			ounts may be rounde	ed	SCHEDULE B - PART					
Loans Received		to whole dollars.			Statement cove	ers period 14/2021	CALIFORNI FORM	[^] 460		
				- 1	from		1 Ortin			
					through12/3	31/2021	Page7	_ of19		
SEE INSTRUCTIONS ON REVERSE										
NAME OF FILER							I.D. NUMBER			
Diane Pearce for Clovis City Council 2	021						1428	3724		
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF- EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PA OR FORGIVEN THIS PERIOD	BALANCE AT	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE		
				PAID \$ FORGIVEN	\$	% RATE	\$	CALENDAR YEAR \$ PER ELECTION**		

*Amounts forgiven or paid by another party also must be reported on Schedule A			(Enter ((e) on
SUBTOTALS \$	\$	\$	\$	
3. Net change this period. (Subtract Line 2 from Line 1.)	Ni	ET \$(May	.00 be a negative number)	SCC - Small Contributor Committee
Loans paid or forgiven this period		\$.00	IND - Individual COM - Recipient Committee (other than PTY or SCC) OTH - Other (e.g., business entity) PTY - Political Party
Loans received this period — — — — — — — — — — — — — — — — — — —		_ \$		* Contributor Codes
1 Lana residual this social		•	.00	

** If required.

(Enter (e) on Schedule E, Line 3) FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

*□ IND □ COM □ OTH □ PTY □ SCC

Schedule B Summary

Schedule B - Part 2 Loan Guarantors	Amounts may be roun to whole dollars.	ded	Statement con	vers period /14/2021	SCHE CALIFORNI FORM	1A460	
SEE INSTRUCTIONS ON REVERSE NAME OF FILER Diane Pearce for Clovis City Council 2021				through12	/31/2021	Page8 I.D. NUMBER 1428	
FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	L	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
	□ IND □ COM		L	ENDER		CALENDAR DATE \$ PER ELECTION	
□ COM □ OTH □ PTY □ SCC				DATE		(IF REQUIRED)	

SUBTOTAL \$ Enter on Summary Page. Line 17 only.

Schedule C Nonmonetary Contributions Received			Amounts may be rounded to whole dollars.			nent covers period	CALIFORNIA 160		
					from	02/14/2021	FORM	700	
					through _	12/31/2021	Page 9	_ of19	
NAME OF FILER	ONS ON REVERSE						I.D. NUMBER		
Diane Pearce	e for Clovis City Council 2021						142	8724	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF- EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIP GOODS OR		AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)	
		IND COM OTH PTY SCC						-	
		□ IND □ COM □ OTH □ PTY □ SCC						-	
		IND COM OTH PTY SCC				-		_	
1. Amount rec	C Summary eived this period - itemized nonmonetary contribut Schedule C subtotals.)	ions. 		\$		00	* Contributor Codes IND - Individual COM - Recipient Co	ommittee	
2. Amount reco	eived this period - unitemized nonmonetary contrib	outions of less th	han \$100	\$		00	OTH - Other (e.g., b	PTY or SCC) ousiness entity)	
	onetary contributions received this period. and 2. Enter here and on the Summary Page, Co	lumn A, Lines 4	and 10.)	_TOTAL \$		00	PTY - Political Party SCC - Small Contrib		
				S	SUBTOTAL \$				

Schedule D Summary of Expenditures Supporting/Opposing Other Candidates, Measures, and Committees		Amounts may be rounded to whole dollars.		Statement covers period		21 FORM		
Diane Peard	Re for Clovis City Council 2021						I.D. NUMBER 1428724	
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)		AMOUNT THIS PERIOD	CALEN	TIVE TO DATE NDAR YEAR 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure						
	E D SUMMARY							
1. Itemized co	ontributions and independent expenditures made this peri	od. (Include all Sche	dule D subtotals.) –				\$.00
2. Unitemized	contributions and independent expenditures made this p	eriod of under \$100					\$.00
3. Total contri	butions and independent expenditures made this period.	(Add Lines 1 and 2. I	Do not enter on the Su	ımmary P	age.)	. – – –	TOTAL \$.00
			SUBTOTA	AL \$				

Amounts may be rounded to whole dollars.

		SCHEDULE E
State	ment covers period	CALIFORNIA 460
from	02/14/2021	FORM 40U

I.D. NUMBER

12/31/2021 through

Page ___11__ of ___19

1428724

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Diane Pearce for Clovis City Council 2021

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.

CNS campaign consultants

CTB contribution (explain nonmonetary)*

CVC civic donations

FIL candidate filing/ballot fees

FND fundraising events

IND independent expenditure supporting/opposing others (explain)*

LEG legal defense

LIT campaign literature and mailings

MBR member communications

MTG meetings and appearances

OFC office expenses

PET petition circulating

PHO phone banks

POL polling and survey research

POS postage, delivery and messenger services

PRO professional services (legal, accounting)

PRT print ads

RAD radio airtime and production costs

RFD returned contributions

SAL campaign workers' salaries

TEL t.v. or cable airtime and production costs

TRC candidate travel, lodging, and meals

TRS staff/spouse travel, lodging, and meals

TSF transfer between committees of the same candidate/sponsor

VOT voter registration

WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	DR DESCRIPTION OF PAYMENT	AMOUNT PAID
Cumulus	RAD		1,500.00
Effectv	TEL		3,000.00
KSEE/KGPE	TEL		1,405.00
FTB Print And Mail	LIT		2,112.14
* Payments that are contributions or independent expenditures must also be summarized of	on Schedule D.	SUBTOTAL\$	8,017.14

Amounts may be rounded to whole dollars. Statement covers period from 02/14/2021 CALIFORNIA FORM FORM

from02/14/2021	FORM 40U
through12/31/2021	Page12 of19
	I.D. NUMBER
	1428724

Diane Pearce for Clovis City Council 2021

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.

CNS campaign consultants

SEE INSTRUCTIONS ON REVERSE

CTB contribution (explain nonmonetary)*

CVC civic donations

NAME OF FILER

FIL candidate filing/ballot fees

FND fundraising events

IND independent expenditure supporting/opposing others (explain)*

LEG legal defense

LIT campaign literature and mailings

MBR member communications

MTG meetings and appearances

OFC office expenses

PET petition circulating

PHO phone banks

POL polling and survey research

POS postage, delivery and messenger services

PRO professional services (legal, accounting)

PRT print ads

RAD radio airtime and production costs

RFD returned contributions

SAL campaign workers' salaries

TEL t.v. or cable airtime and production costs

TRC candidate travel, lodging, and meals

TRS staff/spouse travel, lodging, and meals

TSF transfer between committees of the same candidate/sponsor

VOT voter registration

WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE (DR DESCRIPTION OF PAYMENT	AMOUNT PAID
Christopher Gaston	СМР		1,800.00
Valley Vision Treasury	PRO	Treasury services	1,770.50
Carns Consulting	CNS		8,000.00
Jason Carns	WEB	See memo items below	1,081.67
* Payments that are contributions or independent expenditures must also be summarized	on Schedule D.	SUBTOTAL\$	12,652.17

Amounts may be rounded to whole dollars.

		SCHEDULE
State	ment covers period	CALIFORNIA 460
om	02/14/2021	FORM 40U

COLIEDINE

	from FORM	
EE INSTRUCTIONS ON REVERSE	through12/31/2021 Page13 of	19
AME OF FILER	I.D. NUMBER	
Diane Pearce for Clovis City Council 2021	1428724	

CODES: If one of the following codes accurate	y describes the payment	, you may enter the code.	Otherwise,	describe the payment
-----------------------------------------------	-------------------------	---------------------------	------------	----------------------

CMP campaign paraphernalia/misc.

CNS campaign consultants

CTB contribution (explain nonmonetary)*

CVC civic donations

FIL candidate filing/ballot fees

FND fundraising events

IND independent expenditure supporting/opposing others (explain)*

LEG legal defense

LIT campaign literature and mailings

MBR member communications

MTG meetings and appearances

OFC office expenses

PET petition circulating

PHO phone banks

POL polling and survey research

POS postage, delivery and messenger services

PRO professional services (legal, accounting)

PRT print ads

RAD radio airtime and production costs

RFD returned contributions

SAL campaign workers' salaries

TEL t.v. or cable airtime and production costs

TRC candidate travel, lodging, and meals

TRS staff/spouse travel, lodging, and meals

TSF transfer between committees of the same candidate/sponsor

VOT voter registration

WEB information technology costs (internet, e-mail)

* Payments that are contributions or independent expenditures must also be summarized	on Schadula D	SUBTOTAL \$	1,870.43
Valley Vision Treasury	PRO	Treasury services	874.85
Jeremy Pearce	FND	See memo items below	200.00
Jeremy Pearce	FND	See memo items below	291.50
Jason Carns	WEB	See memo items below	504.08
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	DR DESCRIPTION OF PAYMENT	AMOUNT PAID

Amounts may be rounded to whole dollars. Statement covers period from 02/14/2021 CALIFORNIA FORM FORM

through _	12/31/2021	Page	14	of	19
		. age _		_ 0	

gii ______ rage

1428724

I.D. NUMBER

NAME OF FILER

Diane Pearce for Clovis City Council 2021

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.

CNS campaign consultants

SEE INSTRUCTIONS ON REVERSE

CTB contribution (explain nonmonetary)*

CVC civic donations

FIL candidate filing/ballot fees

FND fundraising events

IND independent expenditure supporting/opposing others (explain)*

LEG legal defense

LIT campaign literature and mailings

MBR member communications

MTG meetings and appearances

OFC office expenses

PET petition circulating PHO phone banks

POL polling and survey research

POS postage, delivery and messenger services

PRO professional services (legal, accounting)

PRT print ads

RAD radio airtime and production costs

RFD returned contributions

SAL campaign workers' salaries

TEL t.v. or cable airtime and production costs

TRC candidate travel, lodging, and meals

TRS staff/spouse travel, lodging, and meals

TSF transfer between committees of the same candidate/sponsor

VOT voter registration

WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	DR DESCRIPTION OF PAYMENT	AMOUNT PAID
Helping One Woman	cvc	Donation	100.00
Jeremy Pearce	OFC	See memo items below	292.66
Valley Vision Treasury	PRO	Treasury services	72.94
* Payments that are contributions or independent expenditures must also be summarized	on Schedule D.	SUBTOTAL\$	465.60

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Schedule E Payments Made SEE INSTRUCTIONS ON REVERSE	Amounts may be rounded to whole dollars.	Statement covers period from	CALIFORNIA 460 FORM 15 of 19
NAME OF FILER Diane Pearce for Clovis City Council 2021			I.D. NUMBER 1428724
CODES: If one of the following codes accurately described CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member communications MTG meetings and appearances OFC office expenses PET petition circulating PHO phone banks POL polling and survey research POS postage, delivery and messenger services PRO professional services (legal, accounting) PRT print ads	RAD radio airtime and producti RFD returned contributions SAL campaign workers' salarie TEL t.v. or cable airtime and pr TRC candidate travel, lodging, TRS staff/spouse travel, lodging	es roduction costs and meals g, and meals ees of the same candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DE	SCRIPTION OF PAYMENT	AMOUNT PAID

Schedule	E Summary
----------	-----------

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTAL \$.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$	23,205.97
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$.00
2. Unitemized payments made this period of under \$100	\$	200.63
1. Itemized payments made this period. (Include all Schedule E subtotals.)		23,005.34

Schedule F		y be rounded			SCHEDULE
Accrued Expenses (Unpaid Bills)	to whole	dollars.	Statement cover	s period CAL	IEORNIA 4 O C
	from02/			4/2021	IFORNIA 460
SEE INSTRUCTIONS ON REVERSE			through12/3	1/2021 Pa	ge <u>16</u> of <u>19</u>
NAME OF FILER				ID NI	JMBER
Diane Pearce for Clovis City Council 2021				I.D. No	1428724
CODES: If one of the following codes accurately describes the	ne payment, you may	enter the code. Other	vise, describe the	payment.	
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	MBR member commu	unications opearances ng	RAD radio ai RFD returne SAL campaig TEL t.v. or ca TRC candida TRS staff/spi TSF transfer VOT voter re WEB informa	rtime and production cost d contributions gn workers' salaries able airtime and producti ate travel, lodging, and mouse travel, lodging, and between committees of	on costs neals meals the same candidate/sponsor
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)	OF PAYMENT	BEGINNING OF THIS PERIOR	AMOUNT INCURRED THIS PERIOD	PERIOD (ALSO REPORT ON E)	CLOSE OF THIS PERIOD
Jeremy Pearce	FND See memo items below	200.00	.00	200.00	.00
Christopher Gaston	СМР	1,800.00	.00	1,800.00	.00
SCHEDULE F SUMMARY					***************************************

 Total accrued expenses incurred this period. (Include all Schedule F, Column accrued expenses of \$100 or more, plus total unitemized accrued expenses unitemized.) 	(b) subtotals for under \$100.)			 	INCU	RRED TOTAL	s\$_	.00	
 Total accrued expenses paid this period. (Include all Schedule F, Column (c) accrued expenses of \$100 or more, plus total unitemized payments on accrued.) 	subtotals for pay ed expenses und	ments o er \$100	on .)_	 		PAID TOTAL	s\$_	2,049.53	_
3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here on the Summary Page, Column A, Line 9.)				 		NET	г\$	-2,049.53	
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	\$	2,000.00	\$.00	\$	2,000.00	\$.00	

Schedule G	Amounts may be rounded to whole dollars.		SCHEDULE (
Payments Made by an Agent or Independent	to whole dollars,	Statement covers period	CALIFORNIA A CO
Contractor (on Behalf of This Committee)		from02/14/2021	FORM 46U
SEE INSTRUCTIONS ON REVERSE		through12/31/2021	Page17 of19
NAME OF FILER		ı.	LD. NUMBER
Diane Pearce for Clovis City Council 2021			1428724
NAME OF AGENT OR INDEPENDENT CONTRACTOR			1420724
Jason Carns			
CODES: If one of the following codes accurately describes	s the payment, you may enter the code. Other	erwise, describe the payment.	
CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and produc	tion costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions	illori costs
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salari	es
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and p	
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging	
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodgi	
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services		tees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration	
LIT campaign literature and mailings	PRT print ads	WEB information technology of	costs (internet, e-mail)
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESC	CRIPTION OF PAYMENT	AMOUNT PAID
Callfire		3,00	
	WEB		993.80

Payments that are contributions or independent expenditures must also be summarized on Schedule D.	TOTAL*\$	1,497.88

WEB

www.fppc.ca.gov

504.08

Callfire

^{**} Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

Schedule H		Amounts may be rounded to whole dollars.					SCHEDULE				
Loans Made to Others*	ans made to others"				Statement co	vers period	CALIFORNI	A 460			
					from02	/14/2021	FORM	[^] 460			
					through12	/31/2021	Page18_	of19			
SEE INSTRUCTIONS ON REVERSE NAME OF FILER					-						
Diane Pearce for Clovis City Council 2	2021						I.D. NUMBER 1428	724			
FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF- EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT OR FORGIVENES THIS PERIOD *	SS BALANCE AT	RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE			
				\$ FORGIVEN	\$	% RATE	\$	CALENDAR YEAR \$ PER ELECTION**			
		\$	\$	\$	DATE DUE	\$	DATE INCURRED				

SUBTO	TALS	\$	\$ \$	\$

Schedule I Miscellaneous Increases to Cash		nay be rounded ole dollars.	Statement covers period from02/14/2021 through12/31/2021	CALIFORNIA 460 FORM 19 of 19
NAME OF FILER	IONS ON REVERSE Re for Clovis City Council 2021	 		I.D. NUMBER
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCR	IPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
03/26/2021	Effectv	Refun	d, for overpayment	223.05

Schedule I Summary	000.05	
1. Itemized increases to cash this period \$	223.05	
2. Unitemized increases to cash of under \$100 this period,\$\$.00	
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).).	.00	
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.)	223.05	
	SUBTOTAL \$	223.05