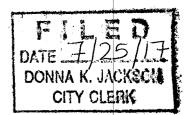
# **Vince Pearcy**

3200 Rhonda Drive Jonesboro, AR 72404 870.680.3371



## **EXPERIENCE:**

1986 to

Vince Pearcy Signs.

Present

Sales, Design, and Creation of Commercial Signs for Business.

Responsibilities: As Sole Proprietor, handled

all aspects of business. Sales marketing, graphic and structural design, production, installation and customer relations. Specializing in both hand-painted and computer

generated sign types.

1985 to 1986 Signmaster Corporation.

Design of commercial Signs for business

Responsibilities: Worked as an apprentice, duties included design of signs with computer aided graphics

as well as free hand design and painting. Was involved in all

aspects of sign production and installation.

**EDUCATION:** 

Studied Business Administration at Arkansas State

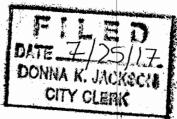
1977 graduate of Jonesboro High School

**REFERENCES:** 

Personal and professional references

will be furnished upon request.

# CITY OF JONESBORO ETHICS DISCLOSURE STATEMENT



List or attach a list of all real estate holdings within the city limits of the City of Jonesboro owned and/or controlled by you or your family as defined by the Jonesboro Code of Ordinances Section 2-98 (D).
3200 Rhonda DRIVE
530 W. Jefferson
List or attach a list of any business or any other financial interest owned and/or controlled by you or your family as defined by the Jonesboro Code of Ordinances Section 2-98 (D) which could affect or be affected by decisions of the Jonesboro City Council, by decisions of other elected city officials or by decisions of city administrative officers or department heads.
Vince Pearcy Signs
List or attach a list of any familial relationships as defined by the Jonesboro Code of Ordinances Section 2-98 (D) with any other city official or employee which could affect or be affected by decisions of the Jonesboro City Council, by decisions of other elected city officials or by decisions of city administrative officers or department heads.
N/A
Vince Pearcy Print name
Vince Plancy 7-25-17 Signature Date

# STATEMENT OF FINANCIAL INTEREST

# For assistance in completing State/District officials file with: Calendar year covered this form contact: Mark Martin, Secretary of State (Note: Filing covers the previous calendar year) Arkansas Ethics Commission State Capitol, Room 026 Phone (501) 324-9600 Little Rock, AR 72201 Toll Free (800) 422-7773 Phone (501) 682-5070 Is this an amendment? ☐ Yes ☐ No Fax (501) 682-3548 Please provide complete information. If the information requested in a particular section does not apply to you, indicate such by noting "Not Applicable" in that section. Do not leave any part of this form blank. If additional space is needed, you may attach the information to this document. **SECTION 1- NAME AND ADDRESS** PEARCY 870. 680. 3371 Spouse's name \_\_\_ (First) (Middle) All names under which you and/or your spouse do business: **SECTION 2- REASON FOR FILING** Public Official CITY CLERK District Judge (name of municipality) City Attorney \_\_\_\_ (name of city) State Government: Agency Head/Department Director/Division Director (name of agency/department/division) Chief of Staff or Chief Deputy \_\_\_\_\_ (name of Constitutional Officer, Senate, or House of Representatives) Public appointee to State Board or Commission (name of board/commission) School Board member (name of school district) Candidate for school board (name of school district) Public or Charter School Superintendent \_\_\_ (name of school district/school) Executive Director of Education Service Cooperative (name of cooperative) Advertising and Promotion Commission member \_\_\_\_\_ (name of advertising and promotion commission)

(name of research park authority board)

Research Park Authority Board member under A.C.A. § 14-144-201 et seq.\_\_\_

	1	
Appointee to one of the following municipal, county o	r regional boards or commissions (list name of board or comm	nission):
☐ Airport board or commission		
☐ Water or Sewer board or commission		
☐ Utility board or commission		
☐ Civil Service commission		
SECTION 3- SOURCE OF INCOME		
List each employer and/or each other source of income from whor your spouse receives gross income amounting to more than \$ that constitute a portion of the gross income of the business or p accountants, attorneys, farmers, contractors, etc. do not have to \$1,000 from at least one source, the answer N/A is not correct.	1,000. (You are not required to disclose the individual items profession from which you or you spouse derives income. For	of income example:
a) Check appropriate box:  SEIF  (name of employee)  Vince Pearcy Sign (name unde	More than \$12,500	
(name of emp	ployer or source of income)	+
530 W. Jefferson	(address)	+
Vince Pearcy Sign	1.S.	<u> </u>
(name/unde	r which income received)	
Provide a brief description of the nature of the services for which	th the compensation was received	<del>                                     </del>
sign design, man	aracture, instact	<del> </del>
b) Check appropriate box:	☐ More than \$12,500	
(name of emp	ployer or source of income)	T
	(address)	+
	(audi ess)	<u> </u>
(name under	r which income received)	
Provide a brief description of the nature of the services for whic	h the compensation was received	
c) Check appropriate box:	☐ More than \$12,500	
(name of emp	ployer or source of income)	1
	(address) -	†
(name under	r which income received)	+
Provide a brief description of the nature of the services for which	h the compensation was received	

**SECTION 2- REASON FOR FILING (continued)** 

#### **SECTION 4- BUSINESS OR HOLDINGS**

List the name of every business in which you, your spouse or any other person for the use or benefit of you or your spouse have an investment or holding. Individual stock holdings should be disclosed. Figures should be based on fair market value at the end of the reporting period.

a)	Check appropriate box:	☐ More than \$1,000	☐ More than \$12,500
	1//	(name of corporation, fi	irm or enterprise)
	NA	(address	3)
		(name under which in	vestment held)
b)	Check appropriate box:	☐ More than \$1,000	☐ More than \$12,500
		(name of corporation, fi	rm or enterprise)
		(address	3)
		(name under which in	vestment held)
c)	Check appropriate box:	☐ More than \$1,000	☐ More than \$12,500
		(name of corporation, fin	rm or enterprise)
		(address	)
		(name under which in	vestment held)
d)	Check appropriate box:	☐ More than \$1,000	☐ More than \$12,500
		(name of corporation, fin	rm or enterprise)
		(address	)
		(name under which in	vestment held)
e)	Check appropriate box:	☐ More than \$1,000	☐ More than \$12,500
		(name of corporation, fin	rm or enterprise)
_		(address	)
		(name under which in	vestment held)
f)	Check appropriate box:	☐ More than \$1,000	☐ More than \$12,500
		(name of corporation, fir	rm or enterprise)
		(address	)
		(name under which in	vestment held)

#### **SECTION 5- OFFICE OR DIRECTORSHIP**

regulatory agency of this State, o	or of any of its political subd	livisions.	
a) 1 \ \ \			
	(name of busine	ess, corporation, firm, or enterprise)	
111,		(address)	
	(off	ice or directorship held)	
	(r	name of office holder)	
b)	(name of husine	ess, corporation, firm, or enterprise)	
	(name of busine	*	
		(address)	
	(off	ice or directorship held)	
	(n	name of office holder)	
SECTION 6- CREDITORS			
	de debts owed to members	s (\$5,000) or more was personally owed or personally obligated a of your family or loans made in the ordinary course of business ly extends credit.)	
		(name of creditor)	
p) //	(	address of creditor)	
0)		(name of creditor)	
c)	(	address of creditor)	
~)		(name of creditor)	#

### SECTION 7- PAST-DUE AMOUNTS OWED TO GOVERNMENT

List the name and address of each governmental body to which you are legally obligated to pay a past-due amount and a description of the nature of the amount of the obligation.

(address of creditor)

a)	none		
·	(name of governmental body)	(address of governmental body)	
	(amount owed)	(nature of the obligation)	
b)	(name of governmental body)	(address of governmental body)	
	(amount owed)	(nature of the obligation)	

# **SECTION 8- GUARANTOR OR CO-MAKER**

a)	(name)	
1	(address)	:
b)	(name)	
	(address)	
SECTION 9- GIFTS		
your spouse and of each gift of more than \$2 entertainment, advance, services, or anything are a number of exceptions to the definition of Interest prepared for use with this form. (No reimburses the person from whom the item we from the date the item was received.)	onable estimate of the fair market value of each gift of more than \$100 re 250 received by your dependent children. The term "gift" is defined as "a g of value unless consideration of equal or greater value has been given the of "gift." Those exceptions are set forth in the Instructions for Statement ote: The value of an item shall be considered to be less than \$100 if the p was received any amount over \$100 and the reimbursement occurs within	iny payment, nerefor." Ther of Financial jublic servant
a)	(description of gift)	
(date)	(fair market value)	
	(source of gift)	
b)	(description of gift)	
(date)	(fair market value)	
	(source of gift)	
c)	(1::	
	(description of gift)	
(date)	(fair market value)	
	(source of gift)	
d)	(description of gift)	
(date)	(fair market value)	-
	(source of gift)	
e)	(description of gift)	
(date)	(description of gift)  (fair market value)	

List each guarantor or co-maker who has guaranteed a debt of yours that is still outstanding. (This includes debt guarantors arising or

#### **SECTION 10-AWARDS**

If you are an employee of a public school district, the Arkansas School for the Blind, the Arkansas School for the Deaf, the Arkansas School for Mathematics, Sciences, and the Arts, a university, a college, a technical college, a technical institute, a comprehensive lifelong learning center, or a community college, the law requires you to disclose each monetary or other award over one hundred dollars (\$100) which you have received in recognition of your contributions to education. The information disclosed with respect to each such award should include the source, date, description, and a reasonable estimate of the fair market value.

<u></u>		(descript	ion of award)		
$-\mathcal{H}$	(date)			(fair market va	ilue)
		(source	of award)		
b)					
		(descript	ion of award)		
	(date)			(fair market va	lue)
		(source	of award)		
c)		(descripti	on of award)		
	(date)	· · · · · · · · · · · · · · · · · · ·		(fair market va	lue)
	•	(source	of award)		
d)		·			
1)		(descripti	on of award)		•
	(date)			(fair market va	lue)
		(source	of award)		
SECTION 11-	NONGOVERNMENTA	L SOURCES OF PAYMI	ENT		
List each nongo	overnmental source of pays	ment of your expenses for f when the expenses incurred	ood, lodging, or trave	l which bears a	relationship to your offi
when you appe	ar in your official capacity	when the expenses metres	reacced \$150.		
a)	MX	(name of person or organi	zation paying expense)	-	
	11 11, -	(business	address)		
-	(date of expense)			\$	(amount of expense)
		(nature of ex	penditure)	-	
b)					
0)		(name of person or organ	zation paying expense)		
		(business	address)		
	(date of expense)			\$\$	(amount of expense)
		(nature of ex	penditure)		

List any business which employs you and	s under direct regulation or subject to	o direct control by the governmental body which you serve.	
a)	Character	-1	
111/	(name of bus	siness)	
11/1	(governmental body which	regulates or controls)	
b)	(name of bus	siness)	
	(governmental body which	regulates or controls)	
c)	(name of bus	siness)	
	(governmental body which i	regulates or controls)	
d)	(name of bus	siness)	-
	(governmental body which r	·	
stockholder owning more than 10% of the	stock of the company.	siness in which you or your spouse is an officer, director, o	
a)	(goods or ser	rvices)	
1 1	(governmental body t	to whom sold)	
b)	(compensation	n paid)	
o)	(goods or ser	rvices)	
	(governmental body t	to whom sold)	
c)	(compensation	n paid)	
	(goods or ser	rvices)	
	(governmental body t		
d)	(compensation	•	
	(goods or ser		
	(governmental body t	to whom sold)	

**SECTION 12- DIRECT REGULATION OF BUSINESS** 

(compensation paid)

#### **SECTION 14- SIGNATURE**

I certify under penalty of false swearing that the above information is true and correct.

Signature V Mice Planty

STATE OF ARKANSAS

COUNTY OF Craighead

Subscribed and sworn before me this 25

\_\_\_\_ day of

, 20 17

OFFICIAL SEAL - #12383918
CON JELL JUNES

NOTARY JUBLIC-ARKANSAS CRAIGHEAD COUNTY MY COMMISSION EXPIRES: 08-24-21

My commission expires: 08-24-21

S: 08-24-**21** 

Note: If faxed, notary seal must be legible (i.e., either stamped or raised and inked) and the original must follow within ten (10) days pursuant to Ark. Code Ann. § 21-8-703(b)(3).

# **IMPORTANT**

#### Where to file:

State or district candidates/public servants file with the Secretary of State.

Appointees to state boards/commissions file with the Secretary of State.

County, township, and school district candidates/public servants file with the county clerk.

Municipal candidates/public servants file with the city clerk or recorder, as the case may be.

City attorneys file with the city clerk of the municipality in which they serve.

District judges file with the county clerk.

Members of regional boards or commissions file with the county clerk of the county in which they reside.

#### **General Information:**

- \* The Statement of Financial Interest should be filed by January 31 of each year.
- \* The filing covers the previous calendar year.
- \* Candidates for elective office shall file the Statement of Financial Interest for the previous calendar year on the first Monday following the close of the period to file as a candidate for elective office unless already filed by January 31. In addition, if the party filing period ends before January 1 of the year of the general election, candidates for elective office shall file a Statement of Financial Interest for the previous calendar year by no later than January 31 of the year of the general election.
- \* Agency heads, department directors, and division directors of state government shall file the Statement of Financial Interest within thirty (30) days of appointment or employment unless already filed by January 31.
- \* Appointees to state boards or commissions shall file the Statement of Financial Interest within thirty (30) days after appointment unless already filed by January 31.
- \* If a person is included in any category listed above for any part of a calendar year, that person shall file a Statement of Financial Interest covering that period of time regardless of whether they have left their office or position as of the date the statement is due.