# STATEMENT OF FINANCIAL INTEREST

State/District officials file with:

John Thurston, Secretary of State 500 Woodlane Street
Little Rock, AR 72201
Phone (501) 682-5070

Fax (501) 682-3548

Calendar year covered 2022

(Note: Filing covers the previous calendar year)

For assistance in completing this form contact: Arkansas Ethics Commission Phone (501) 324-9600 Toll Free (800) 422-7773

Is this an amendment? ☐ Yes ☐ No

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. Do not file this form with the Arkansas Ethics Commission.

SECTION	ON 1- NAME AND ADDRESS			
Name F	Page	Becky		L
Address	4547 Buttercreek Road	(First) Scotland	AR	(Middle) 72141
Phone	50-253-7771 (Street or P.O. Box Number)	(City)	(State)	(Zip Code)
Spouse'	s name Page	JR		
	(Last) ues under which you and/or your spouse do business:	(First)		(Middle)
SECTI	ON 2- REASON FOR FILING			
$\boxtimes$	Public Official Justice of the Peace District 7	1		
	Candidate	e held)		
		sought)		
	City Attorney	f district)		
	(name State Government: Agency Head/Department Director/Div	of city)		
	Chief of Staff or Chief Deputy		(name of agency/departm	nent/division)
	(name of Consti		, or House of Representative	
	School Board member	(name of board/co		
		hool district)		
		hool district)		
	Executive Director of Education Coming Commission	l district/school)	¥.	7073
	Advertising and Promotion Commission member		cooperative)	§ 71
	Research Park Authority Board member under A.C.A. § 14		ng and promotion commissi	7 1
			(maile of research park	

₫.				
SECT	ON 2- REASON FOR FI	LING (continued)		}
	Appointee to one of the f ☐ Planning board or con	iollowing municipal, county	or regional boards or con	nmissions (list name of board or commission):
	☐ Airport board or comm	nission		
	☐ Water or Sewer board	or commission		
	☐ Utility board or comm	ission		
	☐ Civil Service commiss	ion		
<u>SECTI</u>	ON 3- SOURCE OF INC			
that con	stitute a portion of the gros ants, attorneys, farmers, co	ine amounting to more than is income of the business or	\$1,000. (You are not req profession from which you list their individual clier	r any other person for the use or benefit of you uired to disclose the individual items of income ou or you spouse derives income. For example: ats.) If you receive gross income exceeding
a) C	neck appropriate box: Barbershop	More than \$1,000		☐ More than \$12,500
168 0	Griggs Street Clinton	AR 72031 (name of em	ployer or source of incon	ne)
Becky	/ Page		(address)	
		(name und	er which income received	
Provide	a brief description of the n	ature of the services for whi		
b) Che	ck appropriate box: GEO Entergy Soluti	More than \$1,000		☐ More than \$12,500
Cabo	, AR.	(name of em	ployer or source of incom	ne)
JR Pa	ge		(address)	
		(name unde	er which income received	)
Provide	a brief description of the na	ture of the services for which	ch the compensation was	received HVAC
c) Ch	eck appropriate box: an Buren County JF	More than \$1,000		☐ More than \$12,500

Provide a brief description of the nature of the services for which the compensation was received JP

(name of employer or source of income)

(address)

(name under which income received)

Van Buren County, AR. 72031

**Becky Page** 

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### **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		
		(name of corporation	, firm or enterprise)		
		(addro	ess)		
		(name under which	investment held)		
b)	Check appropriate box:	☐ More than \$1,000	☐ More than \$12,500		
		(name of corporation,	firm or enterprise)		
		(addre	ess)		
		(name under which	investment held)		
c)	Check appropriate box:	☐ More than \$1,000	☐ More than \$12,500		
	(name of corporation, firm or enterprise)				
	(address)				
		(name under which	investment held)		
d)	Check appropriate box:	☐ More than \$1,000	☐ More than \$12,500		
	(name of corporation, firm or enterprise)				
		(addre	ss)		
		(name under which	investment held)		
e)	Check appropriate box:	☐ More than \$1,000	☐ More than \$12,500		
	(name of corporation, firm or enterprise)				
	(address)				
		(name under which i	nvestment held)		
f)	Check appropriate box:	☐ More than \$1,000	☐ More than \$12,500		
	(name of corporation, firm or enterprise)				
		(addres	s)		
•		(name under which is	nvestment held)		

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**SECTION 5- OFFICE OR DIRECTORSHIP** 

List every office or directorship held by you or your spouse in any business	s, corporation, fir	m, or enterprise subject t	o jurisdiction of a
regulatory agency of this State, or of any of its political subdivisions.	-	-	•

<sub>a)</sub> B's Bai	rber Shop	
168 Griç	ggs Street Clinton, AR. 720	ne of business, corporation, firm, or enterprise)
Owner		(address)
Becky F	'age	(office or directorship held)
		(name of office holder)
b)		
	(na	ne of business, corporation, firm, or enterprise)
		(address)
		(office or directorship held)
· <u>-</u>		(name of office holder)
<u>SECTION</u>	6- CREDITORS	
outstanding financial in	editor to whom the value of five thou . (This does not include debts owed to stitution or a person who regularly an	sand dollars (\$5,000) or more was personally owed or personally obligated and is still o members of your family or loans made in the ordinary course of business by either a destonarily extends credit.)
a)		(name of creditor)
b)		(address of creditor)
		(name of creditor)
c)		(address of creditor)
<u> </u>		(name of creditor)
		(address of creditor)
SECTION	7- PAST-DUE AMOUNTS OWED	TO GOVERNMENT
List the nam		ody to which you are legally obligated to pay a past-due amount and a description of
ı)		
(na	ame of governmental body)	(address of governmental body)
)	(amount owed)	(nature of the obligation)
(na	me of governmental body)	(address of governmental body)
	(amount owed)	(nature of the obligation)

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

List each guarantor or co-maker who has guarantee extended and refinanced after Jan. 1, 1989. Membership of the company of the	ed a debt of yours that is still outstanding. (This includes debt guarantors arising or pers of your family who are your guarantors are not required to be disclosed.)
a)	
	(name)
b)	(address)
	(name)
	(address)
SECTION 9- GIFTS	
entertainment, advance, services, or anything of va are a number of exceptions to the definition of "gif Interest prepared for use with this form. (Note: The reimburses the person from whom the item was received.)	estimate of the fair market value of each gift of more than \$100 received by you o reived by your dependent children. The term "gift" is defined as "any payment, lue unless consideration of equal or greater value has been given therefor." There it." Those exceptions are set forth in the Instructions for Statement of Financial ne value of an item shall be considered to be less than \$100 if the public servant reived any amount over \$100 and the reimbursement occurs within ten (10) days
a)	(description of gift)
(date)	(fair market value)
	(source of gift)
b)	(description of gift)
(date)	(fair market value)
	(source of gift)
2)	(description of gift)
(date)	(fair market value)
	(source of gift)
l)	(description of gift)
(date)	(fair market value)
	(source of gift)
)	(description of gift)
(date)	
()	(fair market value)
	(source of gift)

# 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.

a)	
(description of award)	
(date)	(fair market value)
(source of owner)	· ·
(source of award)	
b)	
(description of award)	
(date)	(fair market value)
(source of award)	
c)	
(description of award)	
(date)	
(date)	(fair market value)
(source of award)	
1)	
(description of award)	
(date)	(6)
	(fair market value)
(source of award)	
SECTION 11- NONGOVERNMENTAL SOURCES OF PAYMENT	
ist each nongovernmental source of navment of your expenses for facility	4-111
when you appear in your official capacity when the expenses incurred exceed \$150.	el which bears a relationship to your off
) (name of person or organization paying expense)	
(business address)	
(date of expense)	<b>\$</b>
(date of expense)	(amount of expense)
(nature of expenditure)	
(name of person or organization paying expense)	
(business address)	
· · · · · · · · · · · · · · · · · · ·	\$_
(date of expense)	(amount of expense)
(nature of expenditure)	

Atk. Code Ann. § 21-8-403 provides that, upon conviction, any person who violates any provision of subchapter 4, 6, 7, or 8 of chapter 8, Title 21 of the Arkansas Code is guilty of a Class A misdemeanor. The culpable mental state required shall be a purposeful violation.

Revised 12/2017

<u>SECTION 12- DIREC</u>	T REGULATION OF BUSINESS
	nploys you and is under direct regulation or subject to direct control by the governmental body which you serve
	(name of business)
	(governmental body which regulates or controls)
b)	
	(name of business)
	(governmental body which regulates or controls)
z)	
	(name of business)
	(governmental body which regulates or controls)
l)	
	(name of business)
	(governmental body which regulates or controls)
)	(goods or services)
	(governmental body to whom sold)
	(compensation paid)
	(goods or services)
	(governmental body to whom sold)
	(compensation paid)
	(goods or services)
	(governmental body to whom sold)
	(compensation paid)
	(goods or services)
	(governmental body to whom sold)
	(compensation paid)
	(governmental body to whom sold)

## **SECTION 14- SIGNATURE**

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

Signature Pag

STATE OF ARKANSAS

COUNTY OF MARKET S

Subscribed and sworn before me this A day of

\_\_\_, 20<u>23</u> .

(Legible Notary Seal)

PAM BRADFORD
NOTARY PUBLIC
Ven Buren County
Commission #12366084
Commission Expires 7-18-2028

otary Public

My commission expires

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 Secretary of State.

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 <u>previous</u> 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.