

# STATEMENT OF FINANCIAL INTEREST

State/District officials file with:  
Mark Martin, Secretary of State  
State Capitol, Room 026  
Little Rock, AR 72201  
Phone (501) 682-5070  
Fax (501) 682-3548

Calendar year covered 2024  
(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 1- NAME AND ADDRESS

Name	<u>Shepherd</u>	<u>Matthew</u>	<u>Joseph</u>	
	(Last)	(First)	(Middle)	
Address	<u>209 Archer Ave.</u>	<u>El Dorado,</u>	<u>AR</u>	<u>71730</u>
	(Street or P.O. Box Number)	(City)	(State)	(Zip Code)
Phone	<u>870-814-2080</u>			
Spouse's name	<u>Shepherd</u>	<u>Alison</u>	<u>Leah</u>	
	(Last)	(First)	(Middle)	
All names under which you and/or your spouse do business:	<u>Spouse: Alie</u>			

## SECTION 2- REASON FOR FILING

- Public Official State Representative - District 97  
(office held)
- Candidate \_\_\_\_\_  
(office sought)
- District Judge \_\_\_\_\_  
(name of district)
- 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)
- Research Park Authority Board member under A.C.A. § 14-144-201 et seq. \_\_\_\_\_  
(name of research park authority board)

**FILED**

JAN 30 2025

**Arkansas  
Secretary of State**



**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  
Law Offices Shepherd & Shepherd, P.A.  
200 N. Jefferson Ave., Suite 600, El Dorado, AR 71730  
(name of corporation, firm or enterprise)  
Matthew Shepherd  
(address)  
Matthew Shepherd  
(name under which investment held)

b) Check appropriate box:  More than \$1,000  More than \$12,500  
American Funds, The Growth Fund of America  
P.O. Box 2560, Norfolk, VA 23501-2560  
(name of corporation, firm or enterprise)  
(address)  
Matthew Shepherd  
(name under which investment held)

c) Check appropriate box:  More than \$1,000  More than \$12,500  
American Funds, Fundamental Investors  
P.O. Box 2560, Norfolk, VA 23501-2560  
(name of corporation, firm or enterprise)  
(address)  
Matthew Shepherd  
(name under which investment held)

d) Check appropriate box:  More than \$1,000  More than \$12,500  
American Funds, Capital Income Builder  
P.O. Box 2560, Norfolk, VA 23501-2560  
(name of corporation, firm or enterprise)  
(address)  
Matthew Shepherd  
(name under which investment held)

e) Check appropriate box:  More than \$1,000  More than \$12,500  
American Funds, American Balanced Fund  
P.O. Box 2560, Norfolk, VA 23501-2560  
(name of corporation, firm or enterprise)  
(address)  
Matthew Shepherd  
(name under which investment held)

f) Check appropriate box:  More than \$1,000  More than \$12,500  
American Funds, Capital World Growth and Income Fund  
P.O. Box 2560, Norfolk, VA 23501-2560  
(name of corporation, firm or enterprise)  
(address)  
Matthew Shepherd  
(name under which investment held)

\*SEE ATTACHMENT



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

List each guarantor or co-maker who has guaranteed a debt of yours that is still outstanding. (This includes debt guarantors arising or extended and refinanced after Jan. 1, 1989. Members of your family who are your guarantors are not required to be disclosed.)

- a) Not Applicable  
\_\_\_\_\_  
(name)  
\_\_\_\_\_  
(address)
- b) Not Applicable  
\_\_\_\_\_  
(name)  
\_\_\_\_\_  
(address)

**SECTION 9- GIFTS**

List the source, date, description, and a reasonable estimate of the fair market value of each gift of more than \$100 received by you or your spouse and of each gift of more than \$250 received by your dependent children. The term "gift" is defined as "any payment, entertainment, advance, services, or anything of value unless consideration of equal or greater value has been given therefor." There are a number of exceptions to the definition of "gift." Those exceptions are set forth in the Instructions for Statement of Financial Interest prepared for use with this form. (Note: The value of an item shall be considered to be less than \$100 if the public servant reimburses the person from whom the item was received any amount over \$100 and the reimbursement occurs within ten (10) days from the date the item was received.)

- a) Not Applicable.  
\_\_\_\_\_  
(description of gift)  
\_\_\_\_\_  
(date) (fair market value)  
\_\_\_\_\_  
(source of gift)
- b) Not Applicable.  
\_\_\_\_\_  
(description of gift)  
\_\_\_\_\_  
(date) (fair market value)  
\_\_\_\_\_  
(source of gift)
- c) Not Applicable  
\_\_\_\_\_  
(description of gift)  
\_\_\_\_\_  
(date) (fair market value)  
\_\_\_\_\_  
(source of gift)
- d) Not Applicable  
\_\_\_\_\_  
(description of gift)  
\_\_\_\_\_  
(date) (fair market value)  
\_\_\_\_\_  
(source of gift)
- e) Not Applicable  
\_\_\_\_\_  
(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 life-long 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) Not Applicable

(description of award)

(date)

(fair market value)

(source of award)

b) Not Applicable

(description of award)

(date)

(fair market value)

(source of award)

c) Not Applicable

(description of award)

(date)

(fair market value)

(source of award)

d) Not Applicable

(description of award)

(date)

(fair market value)

(source of award)

**SECTION 11- NONGOVERNMENTAL SOURCES OF PAYMENT**

List each nongovernmental source of payment of your expenses for food, lodging, or travel which bears a relationship to your office when you appear in your official capacity when the expenses incurred exceed \$150.

a) State Legislative Leaders Foundation

P.O. Box 153, Marstons Mills, MA 02648 (name of person or organization paying expense)

9/4/24-9/7/24

(business address)

3,325.71

\$

(date of expense)

(amount of expense)

Program Cost-National Speakers Conference

(nature of expenditure)

b) State Legislative Leaders Foundation

P.O. Box 153, Marstons Mills, MA 02648 (name of person or organization paying expense)

12/6/24-12/8/24

(business address)

2,125.11

\$

(date of expense)

(amount of expense)

Program Cost-SLLF Board Mtg. & Leadership Roundtable

(nature of expenditure)

**SECTION 12- DIRECT REGULATION OF BUSINESS**

List any business which employs you and is under direct regulation or subject to direct control by the governmental body which you serve.

- a) Not Applicable  
\_\_\_\_\_  
(name of business)  
\_\_\_\_\_  
(governmental body which regulates or controls)
- b) Not Applicable  
\_\_\_\_\_  
(name of business)  
\_\_\_\_\_  
(governmental body which regulates or controls)
- c) Not Applicable  
\_\_\_\_\_  
(name of business)  
\_\_\_\_\_  
(governmental body which regulates or controls)
- d) Not Applicable  
\_\_\_\_\_  
(name of business)  
\_\_\_\_\_  
(governmental body which regulates or controls)

**SECTION 13- SALES TO GOVERNMENTAL BODY**

List the goods or services sold to the governmental body for which you serve which have a total annual value in excess of \$1,000. List the compensation paid for each category of goods or services sold by you or any business in which you or your spouse is an officer, director, or stockholder owning more than 10% of the stock of the company.

- a) Not Applicable  
\_\_\_\_\_  
(goods or services)  
\_\_\_\_\_  
(governmental body to whom sold)  
\_\_\_\_\_  
(compensation paid)
- b) Not Applicable  
\_\_\_\_\_  
(goods or services)  
\_\_\_\_\_  
(governmental body to whom sold)  
\_\_\_\_\_  
(compensation paid)
- c) Not Applicable  
\_\_\_\_\_  
(goods or services)  
\_\_\_\_\_  
(governmental body to whom sold)  
\_\_\_\_\_  
(compensation paid)
- d) Not Applicable  
\_\_\_\_\_  
(goods or services)  
\_\_\_\_\_  
(governmental body to whom sold)  
\_\_\_\_\_  
(compensation paid)

**SECTION 14- SIGNATURE**

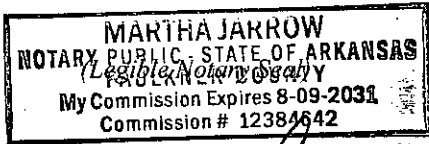
I certify under penalty of false swearing that the above information is true and correct.

*MJA*  
\_\_\_\_\_  
Signature

STATE OF ARKANSAS

COUNTY OF Faulkner } ss

Subscribed and sworn before me this 30th day of January, 2025.



*Martha Jarow*  
\_\_\_\_\_  
Notary Public

My commission expires: August 9, 2031

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 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.

**Section 3-Source of Income**

El Dorado School District No. 15  
200 W. Oak St., El Dorado, AR 71730  
Alison Shepherd  
More than \$12,500  
Teacher

**Section 4-Business or Holdings**

American Funds, EuroPacific Growth Fund  
P.O. Box 2560, Norfolk, VA 23501-2560  
Matthew Shepherd  
More Than \$12,500

American Funds, The Investment Company of America  
P.O. Box 2560, Norfolk, VA 23501-2560  
Matthew Shepherd  
More Than \$12,500

American Funds, Intermediate Bond Fund of America  
P.O. Box 2560, Norfolk, VA 23501-2560  
Matthew Shepherd  
More Than \$12,500

Federated Prime Cash Obligations Fund  
P.O. Box 219318  
Kansas City, MO 64121-9318  
Matthew & Alison Shepherd  
More Than \$12,500

American Funds, American Balanced Fund  
P.O. Box 2560, Norfolk, VA 23501-2560  
Alison Shepherd  
More Than \$12,500

American Funds, Fundamental Investors  
P.O. Box 2560, Norfolk, VA 23501-2560  
Alison Shepherd  
More Than \$12,500

American Funds, The Growth Fund of America  
P.O. Box 2560, Norfolk, VA 23501-2560  
Alison Shepherd  
More Than \$12,500

American Funds, Investment Co of America  
P.O. Box 2560, Norfolk, VA 23501-2560  
Alison Shepherd  
More Than \$12,500

American Funds, New Perspective Fund  
P.O. Box 2560, Norfolk, VA 23501-2560  
Alison Shepherd  
More Than \$12,500

Shepherd Investments, LLC  
200 N. Jefferson Ave., Suite 600, El Dorado, AR 71730  
Matthew Shepherd  
More Than \$12,500

First Financial Bank  
315 W. Main St., El Dorado, AR 71730  
Matthew J. or Alison Shepherd  
More Than \$1,000

Simmons Bank  
100 W. Grove St., El Dorado, AR 71730  
Matthew J. or Alison Shepherd  
More Than \$1,000