

# 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 2023  
(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>Durrett</u>	<u>Matthew</u>	<u>Ray</u>
	(Last)	(First)	(Middle)
Address	<u>2428 E. Camelot Place</u>	<u>Fayetteville</u>	<u>AR</u>
	(Street or P.O. Box Number)	(City)	(State)
Phone	<u>479-445-5656</u>		<u>72701</u>
			(Zip Code)
Spouse's name	<u>Durrett</u>	<u>Shelly</u>	<u>Ann</u>
	(Last)	(First)	(Middle)
All names under which you and/or your spouse do business:	<u>n/a</u>		

## SECTION 2- REASON FOR FILING

- Public Official 4th Judicial District Prosecuting Attorney  
(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 22 2024**

**Arkansas  
Secretary of State**

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

- Appointee to one of the following municipal, county or regional boards or commissions (list name of board or commission):
  - Planning board or commission \_\_\_\_\_
  - 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 which you, your spouse, or any other person for the use or benefit of you or your spouse receives gross income amounting to more than \$1,000. (You are not required to disclose the individual items of income that constitute a portion of the gross income of the business or profession from which you or you spouse derives income. For example: accountants, attorneys, farmers, contractors, etc. do not have to list their individual clients.) If you receive gross income exceeding \$1,000 from at least one source, the answer N/A is not correct.

a) Check appropriate box:       More than \$1,000                       More than \$12,500  
4th Judicial District Prosecuting Attorney's Office/State of Arkansas  
\_\_\_\_\_  
(name of employer or source of income)  
280 North College, Suite 301, Fayetteville, AR 72701  
\_\_\_\_\_  
(address)  
Matthew R. Durrett  
\_\_\_\_\_  
(name under which income received)

Provide a brief description of the nature of the services for which the compensation was received \_\_\_\_\_  
Prosecuting Attorney

b) Check appropriate box:       More than \$1,000                       More than \$12,500  
Taylor Law Partners, LLP  
\_\_\_\_\_  
(name of employer or source of income)  
P.O. Box 6310, Fayetteville, AR 72701  
\_\_\_\_\_  
(address)  
Shelly A. Durrett  
\_\_\_\_\_  
(name under which income received)

Provide a brief description of the nature of the services for which the compensation was received \_\_\_\_\_  
Administrative Assistant

c) Check appropriate box:       More than \$1,000                       More than \$12,500  
\_\_\_\_\_  
(name of employer or source of income)  
\_\_\_\_\_  
(address)  
\_\_\_\_\_  
(name under which income received)

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

**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  
American Funds Service Company (Growth Fund)  
\_\_\_\_\_  
(name of corporation, firm or enterprise)  
P.O. Box 6007, Indianapolis, IN 46206-6007  
\_\_\_\_\_  
(address)  
Matthew Ray Durrett  
\_\_\_\_\_  
(name under which investment held)

b) Check appropriate box:  More than \$1,000  More than \$12,500  
American Funds Service Company (World Fund)  
\_\_\_\_\_  
(name of corporation, firm or enterprise)  
P.O. Box 6007, Indianapolis, IN 46206-6007  
\_\_\_\_\_  
(address)  
Matthew Ray Durrett  
\_\_\_\_\_  
(name under which investment held)

c) Check appropriate box:  More than \$1,000  More than \$12,500  
Franklin Templeton Investor Services, LLC (World Fund)  
\_\_\_\_\_  
(name of corporation, firm or enterprise)  
P.O. Box 2258, Rancho Cordova, CA 95741-2258  
\_\_\_\_\_  
(address)  
Matthew Ray Durrett  
\_\_\_\_\_  
(name under which investment held)

d) Check appropriate box:  More than \$1,000  More than \$12,500  
Franklin Templeton Investor Services, LLC (Growth Fund)  
\_\_\_\_\_  
(name of corporation, firm or enterprise)  
P.O. Box 2258, Rancho Cordova, CA 95741-2258  
\_\_\_\_\_  
(address)  
Matthew Ray Durrett  
\_\_\_\_\_  
(name under which investment held)

e) Check appropriate box:  More than \$1,000  More than \$12,500  
First Clearing, LLC  
\_\_\_\_\_  
(name of corporation, firm or enterprise)  
2801 Market St., St. Louis, MO 63103  
\_\_\_\_\_  
(address)  
Shelly Ann Durrett  
\_\_\_\_\_  
(name under which investment held)

f) Check appropriate box:  More than \$1,000  More than \$12,500  
Wal-Mart Stores, Inc.  
\_\_\_\_\_  
(name of corporation, firm or enterprise)  
702 S.W. 8th St., Bentonville, AR 72716  
\_\_\_\_\_  
(address)  
Matthew Ray Durrett  
\_\_\_\_\_  
(name under which investment held)





**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) \_\_\_\_\_  
(description of award)

\_\_\_\_\_ (date) \_\_\_\_\_ (fair market value)

\_\_\_\_\_ (source of award)

b) \_\_\_\_\_  
(description of award)

\_\_\_\_\_ (date) \_\_\_\_\_ (fair market value)

\_\_\_\_\_ (source of award)

c) \_\_\_\_\_  
(description of award)

\_\_\_\_\_ (date) \_\_\_\_\_ (fair market value)

\_\_\_\_\_ (source of award)

d) \_\_\_\_\_  
(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) Arkansas Prosecuting Attorney's Association \_\_\_\_\_  
(name of person or organization paying expense)

\_\_\_\_\_ (business address)

February/March 2023 \_\_\_\_\_ \$ 503.74  
(date of expense) (amount of expense)

Lodging for 2023 Legislative Session \_\_\_\_\_  
(nature of expenditure)

b) Arkansas Prosecuting Attorneys Association \_\_\_\_\_  
(name of person or organization paying expense)

323 Center Street, Suite 75D, Little Rock, AR 72201 \_\_\_\_\_  
(business address)

April 19-20, 2023 \_\_\_\_\_ \$ 322.06  
(date of expense) (amount of expense)

Meal and Lodging for Spring APAA Conference \_\_\_\_\_  
(nature of expenditure)





