

# 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 **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	<b>JOHNSON</b> <small>(Last)</small>	<b>GLEN</b> <small>(First)</small>	<b>DAVID</b> <small>(Middle)</small>
Address	<b>89 RANCH RIDGE</b> <small>(Street or P.O. Box Number)</small>	<b>LITTLE ROCK</b> <small>(City)</small>	<b>AR</b> <small>(State)</small>
Phone	<b>501-442-0089</b>		<b>72223</b> <small>(Zip Code)</small>
Spouse's name	<b>JOHNSON</b> <small>(Last)</small>	<b>KIRSTIN</b> <small>(First)</small>	<b>LEIGH</b> <small>(Middle)</small>

All names under which you and/or your spouse do business: N/A

**SECTION 2- REASON FOR FILING**

<input type="checkbox"/>	Public Official _____ <small>(office held)</small>	<b>FILED</b> <b>JAN 24 2025</b>
<input type="checkbox"/>	Candidate _____ <small>(office sought)</small>	
<input type="checkbox"/>	District Judge _____ <small>(name of district)</small>	<b>Arkansas</b> <b>Secretary of State</b>
<input type="checkbox"/>	City Attorney _____ <small>(name of city)</small>	
<input type="checkbox"/>	State Government: Agency Head/Department Director/Division Director _____ <small>(name of agency/department/division)</small>	
<input type="checkbox"/>	Chief of Staff or Chief Deputy _____ <small>(name of Constitutional Officer, Senate, or House of Representatives)</small>	
<input checked="" type="checkbox"/>	Public appointee to State Board or Commission <b>ARKANSAS ECONOMIC DEVELOPMENT COMMISSION</b> <small>(name of board/commission)</small>	
<input type="checkbox"/>	School Board member _____ <small>(name of school district)</small>	
<input type="checkbox"/>	Candidate for school board _____ <small>(name of school district)</small>	
<input type="checkbox"/>	Public or Charter School Superintendent _____ <small>(name of school district/school)</small>	
<input type="checkbox"/>	Executive Director of Education Service Cooperative _____ <small>(name of cooperative)</small>	
<input type="checkbox"/>	Advertising and Promotion Commission member _____ <small>(name of advertising and promotion commission)</small>	
<input type="checkbox"/>	Research Park Authority Board member under A.C.A. § 14-144-201 et seq. _____ <small>(name of research park authority board)</small>	

Ark. 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

**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 your 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  
BLUE FLAME MINERALS  
\_\_\_\_\_  
(name of employer or source of income)  
8315 CANTRELL RD, SUITE 325 . LITTLE ROCK, AR 72227  
\_\_\_\_\_  
(address)  
GLEN JOHNSON  
\_\_\_\_\_  
(name under which income received)

Provide a brief description of the nature of the services for which the compensation was received PRESIDENT OF COMPANY

b) Check appropriate box:       More than \$1,000                       More than \$12,500  
DYNE DEVELOPMENT  
\_\_\_\_\_  
(name of employer or source of income)  
8315 CANTRELL RD, SUITE 325 . LITTLE ROCK, AR 72227  
\_\_\_\_\_  
(address)  
GLEN JOHNSON  
\_\_\_\_\_  
(name under which income received)

Provide a brief description of the nature of the services for which the compensation was received CO-CEO OF COMPANY

c) Check appropriate box:       More than \$1,000                       More than \$12,500  
DYNE HOSPITALITY GROUP  
\_\_\_\_\_  
(name of employer or source of income)  
8315 CANTRELL RD, SUITE 325 . LITTLE ROCK, AR 72227  
\_\_\_\_\_  
(address)  
GLEN JOHNSON  
\_\_\_\_\_  
(name under which income received)

Provide a brief description of the nature of the services for which the compensation was received CO-CEO OF COMPANY

**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  
EDWARD JONES  
\_\_\_\_\_  
(name of corporation, firm or enterprise)  
403 LLAMA DRIVE, SUITE A  
\_\_\_\_\_  
(address)  
GLEN AND KIRSTIN JOHNSON  
\_\_\_\_\_  
(name under which investment held)

b) Check appropriate box:  More than \$1,000  More than \$12,500  
BLUE FLAME ROYALTIES  
\_\_\_\_\_  
(name of corporation, firm or enterprise)  
8315 CANTRELL RD, SUITE 325 . LITTLE ROCK, AR 72227  
\_\_\_\_\_  
(address)  
GLEN JOHNSON  
\_\_\_\_\_  
(name under which investment held)

c) Check appropriate box:  More than \$1,000  More than \$12,500  
BLUE FLAME ROYALTIES II  
\_\_\_\_\_  
(name of corporation, firm or enterprise)  
8315 CANTRELL RD, SUITE 325 . LITTLE ROCK, AR 72227  
\_\_\_\_\_  
(address)  
GLEN JOHNSON  
\_\_\_\_\_  
(name under which investment held)

d) Check appropriate box:  More than \$1,000  More than \$12,500  
BFM OPPORTUNITY  
\_\_\_\_\_  
(name of corporation, firm or enterprise)  
8315 CANTRELL RD, SUITE 325 . LITTLE ROCK, AR 72227  
\_\_\_\_\_  
(address)  
GLEN JOHNSON  
\_\_\_\_\_  
(name under which investment held)

e) Check appropriate box:  More than \$1,000  More than \$12,500  
DESERT PARTNERS VI  
\_\_\_\_\_  
(name of corporation, firm or enterprise)  
303 W WALL ST. MIDLAND, TX 79701  
\_\_\_\_\_  
(address)  
GLEN JOHNSON  
\_\_\_\_\_  
(name under which investment held)

f) Check appropriate box:  More than \$1,000  More than \$12,500  
DYNE OPPORTUNITY  
\_\_\_\_\_  
(name of corporation, firm or enterprise)  
8315 CANTRELL RD, SUITE 325 . LITTLE ROCK, AR 72227  
\_\_\_\_\_  
(address)  
JOHNSON IRREVOCABLE FAMILY OPPORTUNITY TRUST  
\_\_\_\_\_  
(name under which investment held)

Ark. 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

**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  
First Security Bank  
(name of corporation, firm or enterprise)  
314 N Spring St . Searcy, AR 72143  
(address)  
Glen and Kirstin Johnson  
(name under which investment held)

b) Check appropriate box:  More than \$1,000  More than \$12,500  
Simmons First Bank  
(name of corporation, firm or enterprise)  
401 S Main St . Searcy, AR 72143  
(address)  
Glen and Kirstin Johnson  
(name under which investment held)

c) Check appropriate box:  More than \$1,000  More than \$12,500  
Sycamore Ranch LLC  
(name of corporation, firm or enterprise)  
PO Box 250233 . Little Rock, AR 72225  
(address)  
Glen Johnson  
(name under which investment held)

d) Check appropriate box:  More than \$1,000  More than \$12,500  
  
(name of corporation, firm or enterprise)  
  
(address)  
  
(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 investment held)

f) Check appropriate box:  More than \$1,000  More than \$12,500  
  
(name of corporation, firm or enterprise)  
  
(address)  
  
(name under which investment held)

**SECTION 5- OFFICE OR DIRECTORSHIP**

List every office or directorship held by you or your spouse in any business, corporation, firm, or enterprise subject to jurisdiction of a regulatory agency of this State, or of any of its political subdivisions.

a) N/A  
\_\_\_\_\_  
(name of business, corporation, firm, or enterprise)  
\_\_\_\_\_  
(address)  
\_\_\_\_\_  
(office or directorship held)  
\_\_\_\_\_  
(name of office holder)

b) \_\_\_\_\_  
(name of business, corporation, firm, or enterprise)  
\_\_\_\_\_  
(address)  
\_\_\_\_\_  
(office or directorship held)  
\_\_\_\_\_  
(name of office holder)

**SECTION 6- CREDITORS**

List each creditor to whom the value of five thousand dollars (\$5,000) or more was personally owed or personally obligated and is still outstanding. (This does not include debts owed to members of your family or loans made in the ordinary course of business by either a financial institution or a person who regularly and customarily extends credit.)

a) N/A  
\_\_\_\_\_  
(name of creditor)  
\_\_\_\_\_  
(address of creditor)

b) \_\_\_\_\_  
(name of creditor)  
\_\_\_\_\_  
(address of creditor)

c) \_\_\_\_\_  
(name of creditor)  
\_\_\_\_\_  
(address 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.

a) N/A  
\_\_\_\_\_  
(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**

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) N/A  
\_\_\_\_\_  
(name)  
\_\_\_\_\_  
(address)

b) \_\_\_\_\_  
\_\_\_\_\_  
(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) N/A  
\_\_\_\_\_  
(description of gift)  
\_\_\_\_\_  
(date) \_\_\_\_\_ (fair market value)  
\_\_\_\_\_  
(source of gift)

b) \_\_\_\_\_  
\_\_\_\_\_  
(description of gift)  
\_\_\_\_\_  
(date) \_\_\_\_\_ (fair market value)  
\_\_\_\_\_  
(source of gift)

c) \_\_\_\_\_  
\_\_\_\_\_  
(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) \_\_\_\_\_ (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) N/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) N/A  
\_\_\_\_\_  
(name of person or organization paying expense)  
\_\_\_\_\_  
(business address)  
\_\_\_\_\_  
(date of expense) \_\_\_\_\_ \$ \_\_\_\_\_ (amount of expense)  
\_\_\_\_\_  
(nature of expenditure)

b) \_\_\_\_\_  
\_\_\_\_\_  
(name of person or organization paying expense)  
\_\_\_\_\_  
(business address)  
\_\_\_\_\_  
(date of expense) \_\_\_\_\_ \$ \_\_\_\_\_ (amount of expense)  
\_\_\_\_\_  
(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) N/A  
\_\_\_\_\_  
(name of business)  
\_\_\_\_\_  
(governmental body which regulates or controls)
- b) \_\_\_\_\_  
(name of business)  
\_\_\_\_\_  
(governmental body which regulates or controls)
- c) \_\_\_\_\_  
(name of business)  
\_\_\_\_\_  
(governmental body which regulates or controls)
- d) \_\_\_\_\_  
(name of business)  
\_\_\_\_\_  
(governmental body which regulates or controls)

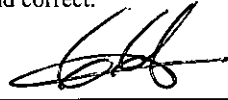
**SECTION 13- SALES TO GOVERNMENTAL BODY**

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) N/A  
\_\_\_\_\_  
(goods or services)  
\_\_\_\_\_  
(governmental body to whom sold)  
\_\_\_\_\_  
(compensation paid)
- b) \_\_\_\_\_  
(goods or services)  
\_\_\_\_\_  
(governmental body to whom sold)  
\_\_\_\_\_  
(compensation paid)
- c) \_\_\_\_\_  
(goods or services)  
\_\_\_\_\_  
(governmental body to whom sold)  
\_\_\_\_\_  
(compensation paid)
- d) \_\_\_\_\_  
(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.



Signature

STATE OF ARKANSAS

COUNTY OF Pulaski } ss

Subscribed and sworn before me this 23<sup>rd</sup> day of January, 2025

GRACE FAYE FUNDARO  
(Legible Notary Seal)  
SALINE COUNTY  
NOTARY PUBLIC -- ARKANSAS  
My Commission Expires 12/01/2033  
Commission No. 12725438

  
Notary Public

My commission expires: 12/01/2033

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.

Ark. 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.

Source	Amount	Sources of Income Address	Name
Blue Flame Minerals	12,500+	8315 Cantrell Rd, Ste 300, Little Rock, AR 72227	Glen Johnson
Johnson Irrevocable Trust	12,500+	89 Ranch Ridge Rd., Little Rco, AR 72223	Glen Johnson
First Security Bank	12,500+	214 N Spring Street, Searcy, AR 72143	Glen Johnson

**Business Holdings and Investments**

TYPE	SYMBOL/CUSIP	DESCRIPTION	Over \$12,500	Under \$12,500
Stocks	ABT	ABBOTT LABORATORIES	X	
Stocks	GOOGL	ALPHABET INC CL A	X	
Stocks	ADP	AUTOMATIC DATA PROCESSING INC	X	
Stocks	BLK	BLACKROCK INC CL A	X	
Stocks	AVGO	BROADCOM INC	X	
Stocks	KO	COCA-COLA CO		X
Stocks	CL	COLGATE PALMOLIVE CO	X	
Stocks	DUK	DUKE ENERGY CORP NEW	X	
Stocks	DD	DUPONT DE NEMOURS INC	X	
Stocks	FTS	FORTIS INC		X
Stocks	JNJ	JOHNSON & JOHNSON		X
Stocks	JPM	JPMORGAN CHASE & CO	X	
Stocks	LOW	LOWES COMPANIES INC	X	
Stocks	MCD	MCDONALDS CORP	X	
Stocks	MSFT	MICROSOFT CORP	X	
Stocks	NTR	NUTRIEN LIMITED	X	
Stocks	OMC	OMNICOM GROUP INC	X	
Stocks	PEP	PEPSICO INC	X	
Stocks	PG	PROCTER & GAMBLE CO	X	
Stocks	QSR	RESTAURANT BRANDS INTL INC	X	
Stocks	SHEL	SHELL PLC	X	
Stocks	SNA	SNAP ON TOOLS INC	X	
Stocks	SBUX	STARBUCKS CORP	X	
Stocks	TROW	T ROWE PRICE GROUP INC	X	
Stocks	TXN	TEXAS INSTRUMENTS INC	X	
Stocks	UPS	UNITED PARCEL SERVICE INC CL B	X	
Stocks	VLO	VALERO ENERGY CORP	X	
Stocks	V	VISA INC CL A	X	
Exchange-Traded & Closed End Funds	VUG	VNG GROWTH INDEX	X	
Mutual Funds	PMAQX	PRINCIPAL MIDCAP R6	X	
Mutual Funds	PDGIX	TRP DIVIDEND GROWTH I	X	
Exchange-Traded & Closed End Funds	IJR	ISH CORE S&P SC	X	
Exchange-Traded & Closed End Funds	IWF	ISH RSL1000 GRWT	X	
Exchange-Traded & Closed End Funds	DIA	SPDR DJI AVERAGE	X	
Exchange-Traded & Closed End Funds	SLYG	SPDR S&P600 SCG	X	
Mutual Funds	CIPIX	CHAMPLAIN MID CAP I	X	
Mutual Funds	ODVIX	INVESCO DEVELOPING MARKETS R6	X	
Mutual Funds	OIEJX	JPMORGAN EQUITY INCOME R6	X	
Mutual Funds	MDIZX	MFS INTL DIVERSIFICATION R6	X	
Mutual Funds	TBCIX	TRP BLUE CHIP GROWTH I	X	
Mutual Funds	TRGXX	TRP U.S. TREASURY MONEY I	X	