

# STATEMENT OF FINANCIAL INTEREST

State/District officials file with:  
 Cole Jester, 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	Johnson	Lee		
	(Last)	(First)	AR	(Middle)
Address	3101 Ashebury Point	Greenwood	(State)	(Zip Code)
	(Street or P.O. Box Number)	(City)		
Phone	479-883-6393			
Spouse's name	Johnson	Jenniferm		
	(Last)	(First)		(Middle)
All names under which you and/or your spouse do business:		Imjohnson llc		

## SECTION 2- REASON FOR FILING

- |                                     |  |   |   |
|-------------------------------------|--|---|---|
| <input checked="" type="checkbox"/> | Public Official <u>State representative district 47</u>                      |  | <b>Filed</b><br>Date: <u>1/31/2025</u>                                |
|                                     | (office held)  |   |   |
| <input type="checkbox"/>            | Candidate _____  |   |   |
|                                     | (office sought)  |   |   |
| <input type="checkbox"/>            | District Judge _____   |   |   |
|                                     | (name of district)   |   |   |
| <input type="checkbox"/>            | City Attorney _____  |   | Arkansas Secretary of State   |
|                                     | (name of city)   |   |   |
| <input type="checkbox"/>            | State Government: Agency Head/Department Director/Division Director _____    |   | (name of agency/department/division)                                  |
| <input type="checkbox"/>            | Chief of Staff or Chief Deputy _____   |   | (name of Constitutional Officer, Senate, or House of Representatives) |
| <input type="checkbox"/>            | Public appointee to State Board or Commission _____                          |   | (name of board/commission)  |
| <input type="checkbox"/>            | School Board member _____  |   | (name of school district)   |
| <input type="checkbox"/>            | Candidate for school board _____   |   | (name of school district)   |
| <input type="checkbox"/>            | Public or Charter School Superintendent _____                                |   | (name of school district/school)                                      |
| <input type="checkbox"/>            | Executive Director of Education Service Cooperative _____                    |   | (name of cooperative)   |
| <input type="checkbox"/>            | Advertising and Promotion Commission member _____                            |   | (name of advertising and promotion commission)                        |
| <input type="checkbox"/>            | Research Park Authority Board member under A.C.A. § 14-144-201 et seq. _____ |   | (name of research park authority board)                               |

**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

Johnson Dermatology  
(name of employer or source of income)  
5921 Riley Park Drive, Fort Smith, AR 72916  
(address)  
Jennifer Johnson  
(name under which income received)

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

- b) Check appropriate box:  More than \$1,000  More than \$12,500

Southwest EMS  
(name of employer or source of income)  
2401 Alma Hwy, Van Buren, AR 72956  
(address)  
Lee Johnson  
(name under which income received)

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

- c) Check appropriate box:  More than \$1,000  More than \$12,500

Team Health  
(name of employer or source of income)  
265 Brookview Centre Way Suite 203 Knoxville, TN 37919  
(address)  
Lee Johnson  
(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  
**Mutual Funds held at Landmark Financial**

(name of corporation, firm or enterprise)  
**3101 South 70th Street Fort Smith AR 72903**  
 (address)  
**Lee Johnson and Jennifer Johnson**  
 (name under which investment held)

b) Check appropriate box:  More than \$1,000  More than \$12,500  
**Mutual Funds held at Ameriprise - Siebenmorgen and Associates**

(name of corporation, firm or enterprise)  
**3101 Free Ferry Rd Fl 1, Fort Smith, AR 72903**  
 (address)  
**Lee Johnson and Jennifer Johnson**  
 (name under which investment held)

c) Check appropriate box:  More than \$1,000  More than \$12,500  
**July Services Mutual Funds**

(name of corporation, firm or enterprise)  
**15720 Brixham Hill Ave #575, Charlotte, NC 28277**  
 (address)  
**Lee Johnson**  
 (name under which investment held)

d) Check appropriate box:  More than \$1,000  More than \$12,500  
**Simmons Bank**

(name of corporation, firm or enterprise)  
**2305 Zero Street Fort Smith, AR, 72901**  
 (address)  
**Jennifer Johnson**  
 (name under which investment held)

e) Check appropriate box:  More than \$1,000  More than \$12,500  
**Farmer's Bank**

(name of corporation, firm or enterprise)  
**71 W. Center Street, Greenwood, AR 72936**  
 (address)  
**Lee Johnson Jennifer Johnson**  
 (name under which investment held)

f) Check appropriate box:  More than \$1,000  More than \$12,500  
**Dlocal LTD**

(name of corporation, firm or enterprise)  
**4 King's Bench Walk, London EC4Y 7DL, United Kingdom.**  
 (address)  
**Lee Johnson**  
 (name under which investment held)

d) Check appropriate box:  More than \$1,000  More than \$12,500

Fort Smith EMS

(name of employer or source of income)

3417 Duke Avenue, Fort Smith, AR 72908

(address)

Lee Johnson

(name under which income received)

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

Physician

e) Check appropriate box:  More than \$1,000  More than \$12,500

Envision Physician Services

(name of employer or source of income)

350 W. Cedar Street, Pensacola, FL 32502

(address)

Lee Johnson

(name under which income received)

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

Physician/Administrator

f) Check appropriate box:  More than \$1,000  More than \$12,500

State of Arkansas

(name of employer or source of income)

500 Woodlane, Little Rock, AR 72201

(address)

Lee Johnson

(name under which income received)

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

State Representative

#### 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

Figs, Inc.

(name of corporation, firm or enterprise)

2834 Colorado Ave Ste 100, Santa Monica, CA 90404

(address)

Lee Johnson

(name of corporation, firm or enterprise)

b) Check appropriate box:  More than \$1,000  More than \$12,500

Big Red Mountain Real Estate

(name of corporation, firm or enterprise)

51 Robinwood Drive, Little Rock, AR 72227

(address)

Lee Johnson

(name of corporation, firm or enterprise)

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.

j) Check appropriate box:  More than \$1,000  More than \$12,500

Farmer's Bank

(name of corporation, firm or enterprise)

71 W. Center Street, Greenwood, AR 72936

(address)

Jennifer Johnson

(name of corporation, firm or enterprise)

### **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) None

(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) Rivertown Federal Credit Union

(name of creditor)

P.O. Box 305, Fort Smith, AR 72906

(address of creditors)

b) Farmer's Bank

(name of creditor)

71 W. Center Street, Greenwood, AR 72936

(address of creditors)

c) Arkansas Federal Credit Union

(name of creditor)

P.O. Box 9, Jacksonville, AR 72076

(address of creditors)

d) American Honda Finance

(name of creditor)

P.O. Box 3829, Philadelphia, PA 19101

(address of creditors)

e) Chrysler Capital

(name of creditor)

P.O. Box 961275, Fort Worth, TX 76161

(address of creditors)

### **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) None

(name of governmental body)

(address of governmental body)

(amount owed)

(nature of the obligation)

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.

**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) None

(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) None

(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 of 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) None

(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) None

(name of person or organization paying expense)	
(business address)	
(date of expense)	\$ (amount of expense)
(nature of expenditure)	

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.

**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) None

\_\_\_\_\_  
(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) None

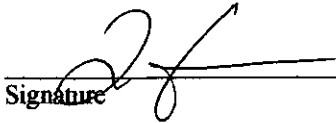
\_\_\_\_\_  
(goods or services)

\_\_\_\_\_  
(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 

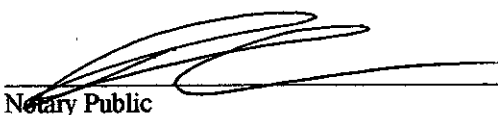
STATE OF ARKANSAS

COUNTY OF Sebastian } ss

Subscribed and sworn before me this 31 day of Jan, 2025

**BENJAMIN CULLEN**  
**NOTARY PUBLIC-STATE OF ARKANSAS**  
**SEBASTIAN COUNTY**  
My Commission Expires 07-31-2028  
Commission # 12706360

(Legible Notary Seal)

  
Notary Public

My commission expires: 07/31/2028

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.