

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 2025
(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 Morgan
(Last) (First) (Middle)
Address 3101 Ashebury Point Greenwood AR 72936
(Street or P.O. Box Number) (City) (State) (Zip Code)
Phone 479-883-6393
Spouse's name Johnson Lee
(Last) (First) (Middle)
All names under which you and/or your spouse do business: Im Johnson LLC

SECTION 2- REASON FOR FILING

- Public Official State Representative District 47 **FILED**
(office held) **JAN 30 2026**
- Candidate _____
(office sought) **Arkansas Secretary of State**
- 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)

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

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 2- REASON FOR FILING (continued)

- Appointee to one of the following municipal, county or regional boards or commissions (list name of board or commission):
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 - Airport board or commission _____
 - Water or Sewer board or commission _____
 - Utility board or commission _____
 - Civil Service commission _____

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

NewGen Emergency Medicine

1006 N Baylen St Pensacola FL 32501 (name of employer or source of income)

NewGen (address)

(name under which income received)

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

- b) 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

- 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

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

(name of corporation, firm or enterprise)

(address)

(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.

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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 72938

(address)

Lee Johnson Jennifer Johnson

(name under which investment held)

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

[Redacted] (name of corporation, firm or enterprise)

[Redacted] (address)

[Redacted] (name under which investment held)

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

LMJohnson LLC

(name of corporation, firm or enterprise)

3101 Ashebury Pt Greenwood AR 72936

Lee Johnson

(address)

(name under which investment held)

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

LMJ Enterprises LLC

(name of corporation, firm or enterprise)

3101 Ashebury Point Greenwood AR 72936

Lee Johnson

(address)

(name under which investment held)

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

NewGen of Arkansas

(name of corporation, firm or enterprise)

3101 Ashebury Point Greenwood AR 72936

Lee Johnson

(address)

(name under which investment held)

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

NewGen Emergency Medicine

(name of corporation, firm or enterprise)

1006 Baylen St. Pensacola FL32501

LMJ Enterprises

(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) _____
(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) _____
(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) _____ (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 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) _____
(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) _____
(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) _____
(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)

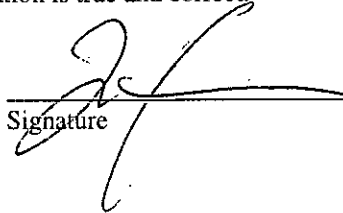
d) _____
(goods or services)

(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.

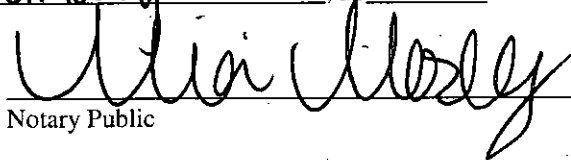
Signature 

STATE OF ARKANSAS

COUNTY OF Pulaski) ss

Subscribed and sworn before me this 30th day of January, 2020.

MIA MOSLEY
PULASKI COUNTY
NOTARY PUBLIC - ARKANSAS
My Commission Expires September 22, 2035
Commission No. 00008038


Notary Public

My commission expires: 9/22/2035

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.