

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only

Filed Date: 03/24/2026 10:38 PM
SAN: FPPC

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Johnson Eric W

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City of Lincoln

Division, Board, Department, District, if applicable

Your Position

Planning Commissioner

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: Position:

2. Jurisdiction of Office (Check at least one box)

☐ State

☐ Judge (Supreme, Appellate, Superior Court), Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)

☐ Multi-County

☐ County of

☒ City of Lincoln

☐ Other

3. Type of Statement (Check at least one box)

☒ **Annual:** The period covered is January 1, 2025, through December 31, 2025.

☐ **Leaving Office:** Date Left / / (Check one circle below.)

-or-

The period covered is / / , through December 31, 2025.

☐ The period covered is January 1, 2025, through the date of leaving office.

-or-

☐ The period covered is / / , through the date of leaving office.

☐ **Assuming Office:** Date assumed / /

☐ **Candidate:** Date of Election and office sought, if different than Part 1:

4. Schedule Summary (required)

► Total number of pages including this cover page: 2

Schedules attached

☐ **Schedule A-1 - Investments** – schedule attached

☒ **Schedule C - Income, Loans, & Business Positions** – schedule attached

☐ **Schedule A-2 - Investments** – schedule attached

☐ **Schedule D - Income – Gifts** – schedule attached

☐ **Schedule B - Real Property** – schedule attached

☐ **Schedule E - Income – Gifts – Travel Payments** – schedule attached

☐ **Attachment 700-P - Prospective Employment (87200 Filers Only)** – schedule attached

-or- ☐ **None - No reportable interests on any schedule**

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 03/24/2026 10:38 PM

(month, day, year)

Signature

(File the originally signed paper statement with your filing official.)

SCHEDULE C
Income, Loans, & Business
Positions
(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name Eric Johnson

▶ 1. INCOME RECEIVED	▶ 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME UC Davis Health	NAME OF SOURCE OF INCOME
ADDRESS (Business Address Acceptable) 2315 Stockton Blvd, Sacramento, CA 95817	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE Medical Services	BUSINESS ACTIVITY, IF ANY, OF SOURCE
YOUR BUSINESS POSITION Division Practice Manager - Pain Medicine	YOUR BUSINESS POSITION
GROSS INCOME RECEIVED ☐ No Income - Business Position Only ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000 ☐ \$10,001 - \$100,000 ☒ OVER \$100,000	GROSS INCOME RECEIVED ☐ No Income - Business Position Only ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000 ☐ \$10,001 - \$100,000 ☐ OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED ☒ Salary ☐ Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.) ☐ Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) ☐ Sale of _____ (Real property, car, boat, etc.) ☐ Loan repayment ☐ Commission or ☐ Rental Income, list each source of \$10,000 or more _____ (Describe) ☐ Other _____ (Describe)	CONSIDERATION FOR WHICH INCOME WAS RECEIVED ☐ Salary ☐ Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.) ☐ Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) ☐ Sale of _____ (Real property, car, boat, etc.) ☐ Loan repayment ☐ Commission or ☐ Rental Income, list each source of \$10,000 or more _____ (Describe) ☐ Other _____ (Describe)

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from a commercial lending institution, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*	INTEREST RATE	TERM (Months/Years)
_____	_____ % ☐ None	_____
ADDRESS (Business Address Acceptable)	SECURITY FOR LOAN	
_____	☐ None ☐ Personal residence	
BUSINESS ACTIVITY, IF ANY, OF LENDER	☐ Real Property _____	Street address
_____		City
HIGHEST BALANCE DURING REPORTING PERIOD	☐ Guarantor _____	
☐ \$500 - \$1,000	☐ Other _____	(Describe)
☐ \$1,001 - \$10,000		
☐ \$10,001 - \$100,000		
☐ OVER \$100,000		

Comments: _____