

# 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 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.

## SECTION 1- NAME AND ADDRESS

Name Boniecki Kurt Allen  
(Last) (First) (Middle)  
Address 3325 Turf Lane Conway AR  
(Street or P.O. Box Number) (City) (State) 72034  
Phone (501) 339-3482 (Zip Code)

Spouse's name Boniecki Amelia Paige  
(Last) (First) (Middle)

All names under which you and/or your spouse do business: \_\_\_\_\_

## SECTION 2- REASON FOR FILING

**FILED**

**FEB 17 2026**

- Public Official \_\_\_\_\_  
(office held)
- Candidate \_\_\_\_\_  
(office sought)
- District Judge \_\_\_\_\_  
(name of municipality)
- City Attorney \_\_\_\_\_  
(name of city)
- State Government: Agency Head/Department Director/Division Director University of Central Arkansas  
(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 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  
TIAA-CREF  
\_\_\_\_\_  
(name of corporation, firm or enterprise)  
P.O. Box 5157, New York, NY 10163  
\_\_\_\_\_  
(address)  
Kurt Allen Boniecki  
\_\_\_\_\_  
(name under which investment held)

b) Check appropriate box:  More than \$1,000  More than \$12,500  
TIAA-CREF  
\_\_\_\_\_  
(name of corporation, firm or enterprise)  
P.O. Box 5157, New York, NY 10163  
\_\_\_\_\_  
(address)  
Amelia Paige Boniecki  
\_\_\_\_\_  
(name under which investment held)

c) Check appropriate box:  More than \$1,000  More than \$12,500  
Lincoln Financial Group  
\_\_\_\_\_  
(name of corporation, firm or enterprise)  
P. O. Box 2340, Fort Wayne, IN 46801  
\_\_\_\_\_  
(address)  
Amelia Paige Boniecki  
\_\_\_\_\_  
(name under which investment held)

d) Check appropriate box:  More than \$1,000  More than \$12,500  
Regions Bank  
\_\_\_\_\_  
(name of corporation, firm or enterprise)  
1023 Main St., Conway, AR 72032  
\_\_\_\_\_  
(address)  
Amelia Paige Boniecki and Kurt Allen Boniecki  
\_\_\_\_\_  
(name under which investment held)

e) Check appropriate box  More than \$1,000  More than \$12,500  
Fidelity Brokerage Services LLC  
\_\_\_\_\_  
(name of corporation, firm or enterprise)  
900 Salem St., Smith Field, RI 02917  
\_\_\_\_\_  
(address)  
Amelia Paige Boniecki  
\_\_\_\_\_  
(name under which investment held)

f) Check appropriate box:  More than \$1,000  More than \$12,500  
Charles Schwab & Co., Inc.  
\_\_\_\_\_  
(name of corporation, firm or enterprise)  
P.O. Box 628291, Orlando, FL 32862-8291  
\_\_\_\_\_  
(address)  
Amelia Paige Boniecki  
\_\_\_\_\_  
(name under which investment held)

g) Check appropriate box:  More than \$1,000  More than \$12,500  
Cisco Systems Inc.  
\_\_\_\_\_  
(name of corporation, firm or enterprise)  
170 West Tasman Drive, San Jose, CA 95134-1706  
\_\_\_\_\_  
(address)  
Amelia Paige Boniecki  
\_\_\_\_\_  
(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.

h) Check appropriate box:  More than \$1,000  More than \$12,500  
Exxon Mobil Inc.  
\_\_\_\_\_  
(name of corporation, firm or enterprise)  
22777 Springwoods Village Parkway, Spring, Texas, 77389-1425  
\_\_\_\_\_  
(address)  
Amelia Paige Boniecki  
\_\_\_\_\_  
(name under which investment held)

i) Check appropriate box:  More than \$1,000  More than \$12,500  
General Electric Co.  
\_\_\_\_\_  
(name of corporation, firm or enterprise)  
5 Necco Street, Boston, MA 02210  
\_\_\_\_\_  
(address)  
Amelia Paige Boniecki  
\_\_\_\_\_  
(name under which investment held)

j) Check appropriate box:  More than \$1,000  More than \$12,500  
Home Depot Inc.  
\_\_\_\_\_  
(name of corporation, firm or enterprise)  
2455 Paces Ferry Road Northwest, Atlanta  
\_\_\_\_\_  
(address)  
Amelia Paige Boniecki  
\_\_\_\_\_  
(name under which investment held)

k) Check appropriate box:  More than \$1,000  More than \$12,500  
J.P. Morgan Chase & Co.  
\_\_\_\_\_  
(name of corporation, firm or enterprise)  
270 Park Avenue, New York, NY  
\_\_\_\_\_  
(address)  
Amelia Paige Boniecki  
\_\_\_\_\_  
(name under which investment held)

l) Check appropriate box:  More than \$1,000  More than \$12,500  
Microsoft Corp.  
\_\_\_\_\_  
(name of corporation, firm or enterprise)  
One Microsoft Way, Redmond, Washington 98052-6399  
\_\_\_\_\_  
(address)  
Amelia Paige Boniecki  
\_\_\_\_\_  
(name under which investment held)

m) Check appropriate box:  More than \$1,000  More than \$12,500  
Southwest Airlines  
\_\_\_\_\_  
(name of corporation, firm or enterprise)  
2702 Love Field Drive Dallas, TX 75235  
\_\_\_\_\_  
(address)  
Amelia Paige Boniecki  
\_\_\_\_\_  
(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.

n) Check appropriate box:  More than \$1,000  More than \$12,500  
Valero Energy Corp.  
\_\_\_\_\_  
(name of corporation, firm or enterprise)  
One Valero Way, San Antonio, Texas 78249  
\_\_\_\_\_  
(address)  
Amelia Paige Boniecki  
\_\_\_\_\_  
(name under which investment held)

o) Check appropriate box:  More than \$1,000  More than \$12,500  
Walmart Inc.  
\_\_\_\_\_  
(name of corporation, firm or enterprise)  
702 SW 8th Street, Bentonville, Arkansas, 72716  
\_\_\_\_\_  
(address)  
Amelia Paige Boniecki  
\_\_\_\_\_  
(name under which investment held)

p) Check appropriate box:  More than \$1,000  More than \$12,500  
Definium Therapeutic, Inc.  
\_\_\_\_\_  
(name of corporation, firm or enterprise)  
One World Trade Center, Suite 8500, New York, NY 10007  
\_\_\_\_\_  
(address)  
Kurt Allen Boniecki  
\_\_\_\_\_  
(name under which investment held)

q) Check appropriate box:  More than \$1,000  More than \$12,500  
Definium Therapeutic, Inc.  
\_\_\_\_\_  
(name of corporation, firm or enterprise)  
One World Trade Center, Suite 8500, New York, NY 10007  
\_\_\_\_\_  
(address)  
Amelia Paige Boniecki  
\_\_\_\_\_  
(name under which investment held)

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

s) 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) Not Applicable  
 \_\_\_\_\_  
 (name of business, corporation, firm, or enterprise)  
 \_\_\_\_\_  
 (address)  
 \_\_\_\_\_  
 (office or directorship held)  
 \_\_\_\_\_  
 (name of office holder)

b) Not Applicable  
 \_\_\_\_\_  
 (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) Not Applicable  
 \_\_\_\_\_  
 (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) Not Applicable  
 \_\_\_\_\_  
 (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) Not Applicable  
\_\_\_\_\_  
(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**

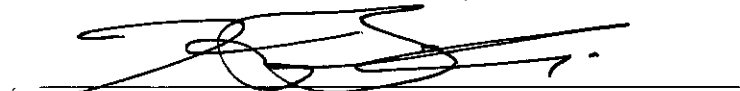
List each nongovernmental source of payment of your expenses for food, lodging, or travel which bears a relationship to your office when you appear in your official capacity when the expenses incurred exceed \$150.

a) Cambridge University Press & Assessment  
\_\_\_\_\_  
(name of person or organization paying expense)  
Shaftesbury Road, Cambridge, CB2 8EA, United Kingdom  
\_\_\_\_\_  
(business address)  
February 5, 2025 \_\_\_\_\_ \$ 827  
\_\_\_\_\_  
(date of expense) \_\_\_\_\_ (amount of expense)  
Flight and lodging to represent Arkansas at the Cambridge Higher Education Advisory Council  
\_\_\_\_\_  
(nature of expenditure)

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

**SECTION 14- SIGNATURE**

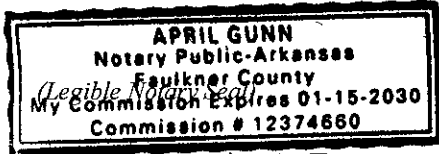
I certify under penalty of false swearing that the above information is true and correct.

  
Signature

STATE OF ARKANSAS

COUNTY OF Faulkner } ss

Subscribed and sworn before me this 13<sup>th</sup> day of February, 2026.



  
Notary Public

My commission expires: 1-15-2030

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 county clerk.
- 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.