

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 OLVEY Robert G.
(Last) (First) (Middle)
Address 1800 Thomasville Pocahontas AR. 72455
(Street or P.O. Box Number) (City) (State) (Zip Code)
Phone 870-892-5222 (Business)
Spouse's name OLVEY Nettie M.
(Last) (First) (Middle)
All names under which you and/or your spouse do business: MARTIN Agency, Inc.
P.O. Box 50 Pocahontas AR. 72455 own 8070
(INSURANCE AGENCY)

SECTION 2- REASON FOR FILING

- Public Official _____ (office held)
- Candidate _____ (office sought)
- 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 BLACK RIVER Technical College - Pocahontas, Ar. 72455
(name of board/commission) (Trustee)
- 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)

FILED

JAN 21

**Arkansas
Secretary of State**

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 _____

N/A

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

MARTIN Agency, Inc.

(name of employer or source of income)

210 WEST BROADWAY (P.O. Box 50) POCAHONTAS, AR. 72455

(address)

Robert G. OLVEY + Netia OLVEY (wife)

(name under which income received)

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

INSURANCE SALES (My wife + I own Martin Agency, Inc. - 80%)

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

First National Bank of Commerce

(name of employer or source of income)

1603 North Thomasville

(address)

Pocahontas, Ar. 72455

(name under which income received)

Robert G. OLVEY HAS IRA - AGED OVER 70 SO CONTRIBUTION AMT. TAKEN OUT YR. + PUT IN A SAVINGS ACCT. BY THE BANK + BANK PAYS TAXES ON THIS ACCT.

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

IRA'S for Robert G. OLVEY + Netia M. OLVEY

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

Robert G. OLVEY - Social Security Monthly Check

(name of employer or source of income)

Netia M. OLVEY - Social Security Check Monthly

(address)

U.S. GOVT. - Social Security Admin. - Robert G. + Netia M. OLVEY

(name under which income received)

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

Monthly Checks for wife + I from Social Security

*Social Security Administration
Mid-America Program Service Center
601 East 12th Street
Kansas City, Mo. 64106-2859*

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
Martin Agency, Inc. We own 80% of Agency
P.O. Box 50 (name of corporation, firm or enterprise)
Pacific NW, Ar. 72455 (address)
Pacific NW, Ar. 72455 (name under which investment held)

b) Check appropriate box: More than \$1,000 Less than 1,000 Interest Annual More than \$12,500
My wife & I do have a Personal Acct. (CD) at Ardenbank - Pacific NW, Ar. 72455
Robert G. & Netia Olvey (name of corporation, firm or enterprise)
Robert G. & Netia Olvey (address)
Robert G. & Netia Olvey (name under which investment held)

c) Check appropriate box: More than \$1,000 More than \$12,500
My wife & I do have several Personal Savings Accts at First National
Bank of Commerce - Savings - Checking - CDs. (name of corporation, firm or enterprise)
Robert G. & Netia Olvey (address)
Robert G. & Netia Olvey (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) MARTIN Agency, Inc.
P.O. Box 50 - Pocahontas, Ark. 72455
President - own 40% Insurance Agent
See Above

b) MARTIN Agency, Inc.
P.O. Box 50 - Pocahontas, Ark. 72455
Sec./Treas - Netiv M. OLVER own 40% Insurance Agent
See Above

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) ~~None~~
b) ~~None~~
c) ~~None~~

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~~
b) ~~None~~

SECTION 14- SIGNATURE

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

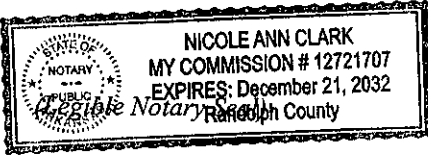


Signature

STATE OF ARKANSAS

COUNTY OF Randolph } ss

Subscribed and sworn before me this 9th day of January, 20 25.



Nicole Ann Clark

Notary Public

My commission expires: December 21, 2032

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.