Name: _____

Return completed form to:
WV Ethics Commission
210 Brooks St., Ste 300
Charleston WV 25301
304-558-0664 or 1-866-558-0664

Candidate information, if applicable
County : _____
Candidate for: _____
Date you filed for candidacy: _____
District or circuit if applicable _____

West Virginia Ethics Commission
Financial Disclosure Statement

2012 JAN 10 PM 2:06

W. Va. Code §§ 6B-2-6 and 7

Rev: 11-2011

Important!

- Please read and answer ***every question***. We will return incomplete forms to you for completion or correction.
- You must file a new Financial Disclosure Statement each year you are in your public position.
- If this is your annual filing, the statement is due by February 1.
- If you are a new appointee, this statement is due within 30 days of the date of your appointment.
- If you are a candidate for public office, this statement is due within 10 days of filing your *Certificate of Candidacy*.
- The information you provide on this statement should cover the past calendar year.
- You may attach additional pages or information to this form if necessary.

1. Name of filer and spouse

Filer last name Stollings First name Ron
Spouse last name _____ First name _____
County of residence Boone
Business (employment) address 467 MADISON Ave
City / state / zip MADISON WV 25130

2. Candidate / Officeholder information

Do you currently hold a county, circuit or state elected office? **Yes** ✓ **No** ____

If yes, title of office State Senate

Are you a candidate or do you plan to become a candidate for public office in the next election? **Yes** ✓ **No** ___ **N/A** ___ 2014

If yes, for what office: State Senate Date you filed for candidacy _____

3. Appointed positions on State Boards, Commissions or Agencies

List all State Boards, Commissions or Agencies on which you now serve or have served in the past 12 months by appointment of the Governor. Include recent appointments. ☑ Mark here if N/A

Name: _____

4. Business Names

List all names under which you and/or your spouse conduct or do business. If you or your spouse is self-employed, list the name or names under which you or your spouse conducts the business, trade, sole proprietorship or profession.

☐ **Mark here if no business names**

self ☑ spouse☐ MADISON MEDICAL PLLC Ron Stollings MD

self ☐ spouse☐

self ☐ spouse☐

5. Regular Employment

For you and your spouse, list the name and address of each employer(s) during the past twelve months. Include all employment in city, county or state government positions as well as employment in the private sector, your job title and a general description of your job duties. For purposes of this question, an employer is one who provides you with a W-2 Form. Generally, this does not include self-employment if listed elsewhere on the form.

☐ **Mark here if neither you nor your spouse had regular employment during the past 12 months.**

	Employer Name and Address	Job title and duties of your position
self ☑ spouse☐	1. MADISON MEDICAL PLLC 467 MAIN ST. MADISON WV	partner physician private practice
self ☑ spouse☐	2. Boone Memorial Hospital 701 MADISON AVE MADISON WV	physician
self ☑ spouse☐	3. WV State Senate Charleston WV	senator
self ☐ spouse☐	4.	

6. 20% Gross Income Categories for you and your spouse

Did you or your spouse receive more than 20% of your gross income during the past 12 months from any one or more of the categories listed below? Yes _____ No ✓ If yes, mark with an 'X' all categories that apply to you and/or your spouse.

self	*spouse*		*self*	*spouse*		*self*	*spouse*	
		COMPANIES			**MINING**			**GOVERNMENT**
☐	☐	Advertising	☐	☐	Surface mining	☐	☐	City or town
☐	☐	Beer, wine or liquor (or distributor)	☐	☐	Mining equipment	☐	☐	County
☐	☐	Cable television	☐	☐	Deep mining	☐	☐	State
☐	☐	Chemical			**OIL OR GAS**			**ASSOCIATIONS OR ORGANIZATIONS**
☐	☐	Construction	☐	☐	Retail	☐	☐	Labor Association/Organization
☐	☐	Insurance	☐	☐	Wholesale	☐	☐	Professional Association
☐	☐	Intrastate transportation	☐	☐	Exploration	☐	☐	Association that promotes gaming or lottery
☐	☐	Interstate transportation	☐	☐	Production & Drilling	☐	☐	Association of public employees or public officials
☐	☐	Media			**UTILITIES**	☐	☐	Trade Association or Organization
☐	☐	Manufacturing	☐	☐	Electric			
☐	☐	Promotional	☐	☐	Gas			**OTHER**
☐	☐	Race tracks	☐	☐	Telephone	☐	☐	Economic Development
☐	☐	Recreation	☐	☐	Water	☐	☐	Hospitals or other health care providers
☐	☐	Retail			**FINANCIAL**	☐	☐	Information Technology
☐	☐	Timber	☐	☐	Banks	☐	☐	Legal service providers
☐	☐	Wholesale	☐	☐	Savings and Loan Associations	☐	☐	Lobbying
☐	☐	Waste disposal	☐	☐	Loan or Finance Companies			

Name: Ron Stollings

Worksheet A: If you are appointed to serve on a State Board or Commission by the Governor and receive no compensation for your service, you may not be required to report certain financial information about your spouse. Complete this worksheet to determine if this exception applies to you.

STOP **Please read and answer Parts 1 & 2 before you complete this page.**

Part 1. *Are you a Board or Commission Member appointed by the Governor?*

YES ____ *Continue on to Part 2*

NO ✓ ***DO NOT*** *complete this page. Return to the disclosure statement and answer* ***all*** *questions for both you and your spouse.*

Part 2. *Do you hold another office or employment position that requires you to file this Financial Disclosure Statement?*

YES ____ ***DO NOT*** *complete the rest of this page. Return to the statement and answer* ***all*** *questions for both you and your spouse.*

NO ✓ *Continue on to complete and sign Part 3 of this Worksheet A.*

Part 3. Complete this section to determine if you are exempt from disclosing certain financial information about your spouse as requested in questions 7 and 8.

I am an appointed member of the following state Board, Commission or Agency:

Please check all that apply:

1. ☐ There is no compensation, per diem, salary or other payment authorized by state law for serving on this board or commission. (Excluding travel or expense reimbursement.) Note: The test is not whether you decline compensation but whether it is authorized by code, statute, or law.

2. ☐ Neither my spouse nor a business with which he or she is associated is regulated by the State Board, Commission, or Agency on which I serve by appointment. ("*Associated*" is defined as a business in which your spouse, or his or her immediate family member, is a director, officer, owner, employee, compensated agent, or holder of stock which constitutes five percent or more of the total outstanding stocks of any class. "*Immediate family member*" means dependent children, grandchildren or parents.)

3. ☐ Neither my spouse nor a business with which he or she is associated has a contract with, or receives any grants or appropriations from, the state Board, Commission, or Agency on which I serve.

Only if you have checked boxes 1, 2, and 3, are you exempt from answering questions 7 & 8 as they pertain to your spouse. You, as the filer must answer questions 7 & 8 as they pertain to you. Please answer all other questions as they pertain to both filer and spouse.

----------VERIFICATION & SIGNATURE----------

Under penalty of perjury, I hereby declare that the information provided herein is true.

Signature of Filer: Ron Stollings

Print Filer Name: Ron Stollings Date: 1/6/12

Name: _____

7. *List ALL* Sources of Income over $1,000

(NOTE: Please read the instruction sheet and Worksheet A before you complete this question.)

- ***As the filer of this statement, you must answer this and all questions as they apply to you.***
- ***To determine if you must disclose income information about your spouse, refer to Worksheet A on page.4.***

Identify by category every source of income over $1,000 received by you and/or your spouse during the preceding calendar year in your name, or by any other person for your use or benefit. Include distributions received from retirement and pension accounts. If you derive income from a business, profession or occupation, you are not required to disclose the **individual** sources and items of income that constitute the gross income of that business, profession or occupation. *For example*, if you are an insurance agent, do not list the names of your clients. Do not disclose actual dollar amounts of income, only the source. (See examples below and the instruction sheet for more information)

Indicate if the income was received by you or your spouse by marking the appropriate box in the chart below.

	Source or category of income over $1000	Description of income activity (or job title)
self ***X*** *spouse*	*Example: ABC Engineering*	*Director of Accounting*
self spouse ***X***	*Example: BB&T Bank*	*CD Interest and Retirement Account Distributions*
self ☒ spouse☐	MADISON medical	physician
self ☒ spouse☐	Boone memorial Hospital	physician
self ☒ spouse☐	Fifth Third	Bank Stock
self ☒ spouse☐	Physician services PLLC.	sold company
self ☐ spouse☐		
self ☐ spouse☐		
self ☐ spouse☐		
self ☐ spouse☐		

8. Business Interests and Commercial Real Estate

(NOTE: Please read the instruction sheet and Worksheet A on page 4 before you complete this question.)

- ***As the filer of this statement, you must answer this and all questions as they apply to you.***
- ***To determine if you must disclose business and real estate information about your spouse , see Worksheet A.***

Provide the name and address of each business in which, during the past year, you or your spouse held an interest with a fair market value of $10,000 or more, including but not limited to: Non-publicly owned businesses, publicly or privately traded stocks, bonds or securities, including those held in self- directed retirement accounts; and commercial real estate. (For purposes of this question, *DO NOT include mutual funds or specific holdings in mutual funds or retirement accounts. However, distributions from retirement accounts may be reportable in question 7 if over $1,000 annually.*) Attach additional sheets if necessary.

☐ **Mark here if neither you nor your spouse had any business interests meeting these criteria.**

self spouse X	*Example: Jones Coal Hauling, Placevlle WV*
self X spouse	*Example: Stonefront Apartment Building, 123 Main Street, Charleston WV*
self ☒ spouse☐	in MADISON medical Realty - 467 madison WV our parking lot
self ☐ spouse☐	
self ☐ spouse☐	

Name: _____

9. For-Profit Business Officer or Member of Board of Directors

List the name of each for-profit business on which either you or your spouse serves on the Board of Directors or as an Officer of the Business. Describe the type of business.

☒ **Mark here if neither you nor your spouse serve on a Board of Directors or is an Officer.**

Name and address of Business	Description of the type of Business
self ☐ spouse☐	
self ☐ spouse☐	
self ☐ spouse☐	

10. Non-Profit Organizations

List the name of each Non-Profit Organization on which either you or your spouse serves on the Board of Directors or as an Officer of the Organization.

☒ **Mark here if neither you nor your spouse serve on a Board of Directors or is an Officer.**

Name and address of the Organization	Description of the non-profit
self ☐ spouse☐	
self ☐ spouse☐	
self ☐ spouse☐	

11. Sales or Contracts with Governmental Entities *(See the instruction sheet for more information about the Ethics Act's prohibition against having an interest in a public contract.) W. Va. Code § 6B-2-5(d)*

During the past calendar year, did you or your spouse contract for the sale of any goods or services to a state, county, municipal or other local governmental agency, either directly or through a partnership, corporation or association in which either you or your spouse owned or controlled more than (10%) ten percent? **Yes** _____ **No** ✓

If yes, identify the governmental agency that purchased the goods or services, and describe the nature of the goods or services.

Name of Governmental entity	Description of goods or services provided
*self spouse **X** Example: State of WV DHHR*	*Foster home placement studies*
*self **X** spouse Example: Pike County Sheriff's Department*	*Rental of garage space for patrol cars*
self ☐ spouse☐	
self ☐ spouse☐	
self ☐ spouse☐	

12. Adult Children – Public Employment

Please list the name and business address of any adult child or step-child employed by State, County or Municipal Government.

☒ **Mark here if this question does not apply to you.**

Name of child or step-child	Business name and address

Name: _____

13. DEBTS

A: Owed to others: List the names of all persons residing or transacting business in the state, which you owe, in the aggregate, more than $5,000, on the date of this statement. Include debts you owe in the name of any other person and debts on which you are a cosigner.

You **DO NOT** have to report:

1. Debts to immediate family members, parents, or grandparents
2. Home mortgages for your primary and secondary residences
3. Loans for autos maintained for the use of your immediate family
4. Student loans
5. Debts resulting from the ordinary conduct of your business, profession or occupation
6. Debts to a financial institution or to a credit card company

HOWEVER, if any debt over $5,000 exempted above required the approval of the state or any of its political subdivisions, or if a loan was obtained from the "Linked Deposit Program" (W.Va. Code §12-1A-1 et seq.), the debt must be listed.

☒ **Mark here if you owe no reportable debts as described above.**

_____

_____

B. Owed to you: List the names of all persons residing or transacting business in the state, who owe you, in the aggregate, more than $5,000, on the date this statement is executed, either in your name or any other person's name for your use or benefit.

You **DO NOT** have to report:

1. Debts from immediate family members, parents, or grandparents
2. Debts resulting from the ordinary conduct of your business, profession or occupation
3. Demand or saving accounts in banks, savings and loan associations, or other similar depositories
4. Loans by you to any business in which you have an ownership interest

☒ **Mark here if you had no reportable debts owed to you as described above.**

_____

_____

14. GIFTS

A **gift** is anything with monetary value, including meals and beverages. If you, your spouse, and/or any of your dependents received one or more gifts whose total value is over one hundred dollars ($100) from a person who has a direct and immediate interest in a governmental activity over which you have control, then list the name of each giver UNLESS it falls into one of the exceptions listed below. "Total value" includes the cumulative value of all gifts from the same source directly or indirectly, during the previous calendar year.

Gifts from the following sources are **NOT** reported.

1. your spouse, child, grandchild, parents or grandparents
2. a trust established by your spouse, child, grandchild, or ancestor
3. a will, or lawful inheritance in the absence of a will
4. a registered lobbyist (*registered lobbyists report these expenditures on Lobbyist Reporting Form, Schedule A)*

☒ **Mark here if you received no reportable gifts**.

_____

_____