Name: Rm Stollings

R-Sign p.1 mcw

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

ENTERED

W. Va. Code §§ 6B-2-6 and 7

Rev: 11-2012

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 hold or run for a 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 to this form if necessary.

WV ETHICS COMMISSION
2013 FEB 01 11:12:00

1. Name of filer and spouse

Filer last name Stollings First name Ronny Douglas
Spouse last name _____ First name _____
County of residence Boone
Business (employment) address PO Box 365
City / state / zip Madison WV 25130

2. Elective Office

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? **N/A** ____ **Yes** ✓ **No** ____

If yes, for what office: State senate (2014) Date you filed for candidacy _____

3. 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

Behavioral Health commission - not appointed by Governor
by virtue of being senate health chairman

Name: Ron Stollings

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 to report**

self ☑ spouse ☐	madison medical PLLC
self ☑ spouse ☐	Ron Stollings MD
self ☐ spouse ☐	

5. Employment

For you and your spouse, list the name and address of each employer(s) during the preceding calendar year. Include all employment with city, county or state government as well as employment in the private sector. Provide 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. This does not include self-employment if listed elsewhere on the form.

☐ **Mark here if neither you nor your spouse were employed during the past year.**

	Employer Name and Address	Job title and duties of your position
self ☑ spouse ☐	1. madison medical PLLC	partner
self ☑ spouse ☐	2. Boone memorial hospital	part time hospitalist
self ☐ spouse ☐	3.	
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 calendar year 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	COMPANIES
☐	☐	Advertising
☐	☐	Beer, wine or liquor (or distributor)
☐	☐	Cable television
☐	☐	Chemical
☐	☐	Construction
☐	☐	Insurance
☐	☐	Intrastate transportation
☐	☐	Interstate transportation
☐	☐	Media
☐	☐	Manufacturing
☐	☐	Promotional
☐	☐	Race tracks
☐	☐	Recreation
☐	☐	Retail
☐	☐	Timber
☐	☐	Wholesale
☐	☐	Waste disposal

self	spouse	MINING
☐	☐	Surface mining
☐	☐	Mining equipment
☐	☐	Deep mining
		OIL OR GAS
☐	☐	Retail
☐	☐	Wholesale
☐	☐	Exploration
☐	☐	Production & Drilling
		UTILITIES
☐	☐	Electric
☐	☐	Gas
☐	☐	Telephone
☐	☐	Water
		FINANCIAL
☐	☐	Banks
☐	☐	Savings and Loan Associations
☐	☐	Loan or Finance Companies

self	spouse	GOVERNMENT
☐	☐	City or town
☐	☐	County
☐	☐	State
		ASSOCIATIONS OR ORGANIZATIONS
☐	☐	Labor Association/Organization
☐	☐	Professional Association
☐	☐	Association that promotes gaming or lottery
☐	☐	Association of public employees or public officials
☐	☐	Trade Association or Organization
		OTHER
☐	☐	Economic Development
☐	☐	Hospitals or other health care providers
☐	☐	Information Technology
☐	☐	Legal service providers
☐	☐	Lobbying

Name: Ron Stollings

7. For-Profit Business

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. Describe the type of business.

☐ **Mark here if neither you nor your spouse serve on a Board of Directors or is an Officer of a for-profit business.**

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

8. Non-Profit Organization

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.

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

Name and address of the Organization	Description of the non-profit
self ☑ spouse☐ Kids Count	children advocacy
self ☐ spouse☐	
self ☐ spouse☐	

9. Sales or Contracts with State, County or Local Government

During the past calendar year, did you or your spouse have any sales or contracts with any unit of state, county, or local government? **Yes** _____ **No** ✓ Sales or contracts for goods or services may be either direct or through a partnership, corporation or association in which either you or your spouse owned or controlled more than (10%) ten percent.

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

(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)

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

10. Adult Children – Public Employment

List the name and business address of any adult child or step-child employed by any unit of state, county or local Government.

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

Name of child or step-child	Business address

Name: Ron Stollings

This page applies to questions 13 and 14 on the next page.

**** If you are an elected official, candidate, state or higher education employee, you do not need to complete this page. Please continue to page 7 and answer questions 13 and 14 about you and your spouse.**

**** All other filers:** If you are appointed to serve on a State Board, Agency 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 Worksheet A to determine if the spousal exemption applies.

Worksheet A (for questions 13 and 14)

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

YES ____ *Continue to part **2***

NO ✓ ***DO NOT** complete parts 2 or 3 on this page. Continue to questions 13 and 14 on the next page and answer the 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 part 3 of this page. Continue to questions 13 and 14 on the next page and answer the questions for both you and your spouse.*

NO ✓ *Continue to part **3**.*

Part 3. Complete this section to determine if you are exempt from disclosing certain financial information about your spouse in questions 13 and 14 on the next page. no spouse

List the name of the state Board, Commission or Agency of which you are an appointed member:

Mark with an "X" each box that applies:

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 (the filer) serve.

➔ ***If you have checked all three boxes, then answer questions 13 and 14 on the next page as they pertain only to <u>you</u>.***

➔ ***If not, then answer all questions as they pertain to <u>both you and your spouse.</u>***

➔ **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: 2/19/13

Name: Ron Stollings

You must answer all questions on this page.

13. *ALL* Sources of Income over $1,000 including Employment - *(To determine if you must disclose income information about your spouse, refer to Worksheet A.)*

a. List every source or category of income or employment 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 employment even if listed elsewhere on this statement.
b. Include distributions received from retirement and pension accounts.
c. Do not list specific names of clients or customers. *For example*, if you are a lawyer or an insurance agent, do not list the names of your clients.
d. Do not disclose actual dollar amounts of income, only the source. See examples below.

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

Category of income over $1000		Description (or job title)
self X spouse	*Example: Social Security*	*US Government*
self X spouse X	*Example: Sold Real Estate*	*Sold residence in Beckley*
self X spouse	*Example: Farming/Timber*	*Sold timber from my farm*
self spouse X	*Example: Employment*	*Teacher, Mingo county schools*
self ☑ spouse ☐	Madison Medical PLLC	private practice physician
self ☑ spouse ☐	Boone Memorial Hospital	part time hospitalist
self ☐ spouse ☐		
self ☐ spouse ☐		
self ☐ spouse ☐		
self ☐ spouse ☐		

14. Business and/or Property Interests - (*To determine if you must disclose business or property interests of your spouse, refer to Worksheet A.)*

List the name and address of each business in which, during the past calendar 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 must be reported in question 13 if over $1,000 annually.
Attach additional sheets if necessary.

☑ **Mark here if neither you nor your spouse had any interest in a business or real estate as described above.**

self spouse X	*Example: Jones Coal Hauling, 123 Main Street, Placevlle WV*
self X spouse	*Example: Stonefront Apartment Building, 123 Main Street, Charleston WV 25312*
self X spouse X	*Example: Acme Bank Stock, 788 Water Street, Cincinnati OH 34343*
self ☐ spouse ☐	
self ☐ spouse ☐	
self ☐ spouse ☐	