

# Financial Disclosure Statement Filing

Filing Confirmation # 17825

## Step 1: Statement Information

Report Year: 2019  
Date Filed: 2/3/2020  
Filing Type: Original  
Report Type: Financial Disclosure

**Senator**

## Name of Filer and Spouse

Filer First Name: Ron  
Filer Last Name: Stollings  
Spouse First Name: Ron  
Spouse Last Name: Stollings  
County of Residence: Boone

## Step 1: Business Address

Name: lincoln primary care dba madison medical  
Address 1: 467 Main St  
Address 2:  
City: Madison  
State: WV  
Zip Code: 25130

**Candidate**

**GOVERNOR**

## Step 2: Candidate / Officeholder Information

Do you currently hold a county circuit or state elected office?: Yes  
Title Of Office: • WV Senator

Have you filed candidacy papers for public office in the next election?: **Yes**

For what office?: **WV Governor**

Date you filed for candidacy?: **1/16/2020**

**Step 3: Appointed Positions**

No Positions to Report

**Step 4: Business Names**

Type	Business Name
Self	Madison medical

**Step 5: Employment**

Type	Employer Name	Address	Description
Self	lincoln county primary care center	7400 lynn avenue Hamlin, WV 25523	physician services

**Step 6: 20% Gross Income Categories**

Neither my spouse nor I received more than 20% of our gross income during the past 12 months

**Step 7: All Sources of Income over \$1,000, including Employment**

Type	Category / Source	Description
Self	Salary/Wages/Commissions	physician services

**Step 8: Business Interests and Commercial Real Estate**

Neither my spouse nor I had any business interests meeting these criteria

**Step 9: For-Profit Business or Organization**

Neither my spouse nor I serve on a Board of Directors or is an Officer

**Step 10: Non-Profit Organizations**

Neither my spouse nor I serve on a Board of Directors or is an Officer

**Step 11: Sales or Contracts with Governmental Entities**

Neither my spouse nor I had 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 during the past calendar year

**Step 12: Adult Children - Public Employment**

I have no adult children or step children employed by state, county, or municipal government

**Step 13: Debts Owed to Others**

I have no reportable debts

**Step 14: Debts Owed to You**

I have no reportable debts

**Step 15: Gifts**

I have no received reportable gifts