



Form No. OEC-2016
OHIO ETHICS COMMISSION
FINANCIAL DISCLOSURE STATEMENT

16

This statement is to be filed in **2017**
 Financial information for calendar year **2016**

Please type or print clearly. See instructions for assistance with this page.

SECTION A. PERSONAL CONTACT INFORMATION

Last Name: First Name: MI:

SECTION B. STATUS (Check all that apply)

- Candidate
- Write-in Candidate
- Elected to an office
- Appointed to an unexpired term in elective office
- Public Official
- Public Employee
- Voluntary Filer / Other

CANDIDATES: Please list the date of the first election (primary, special, or general) when your name will appear on the ballot.

Month	Day	Year
		2017

FOR OFFICIAL USE ONLY

FILED
 MAY 15 2017
 OHIO ETHICS COMMISSION

SECTION C. PUBLIC POSITION, OFFICE, OR JOB

Position/Title (Example: council member, sheriff, board member, or job title): Seeking Hold Held

Public Entity you serve in 2017, served in 2016, or will serve if elected:

Public Salary: Uncompensated Less than \$16,000 \$16,000 or more

Start Date:

Month	Day	Year
01	12	2015

 End Date:

Month	Day	Year
01	13	2019

SECTION D. ADDITIONAL PUBLIC POSITION, OFFICE, OR JOB

Position/Title (Example: council member, sheriff, board member, or job title): Seeking Hold Held

Public Entity you serve in 2017, served in 2016, or will serve if elected:

Public Salary: Uncompensated Less than \$16,000 \$16,000 or more

Start Date:

Month	Day	Year

 End Date:

Month	Day	Year

RECEIVED
 OHIO ETHICS COMMISSION
 MAY 15 2 06

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Walk-in Inter Office No Check
 Rev'd by: JA

Filer has answered every required question. Filer has not answered these questions:

Date incomplete form returned to filer: _____
 Date completed form returned to OEC: _____

1. SOURCES OF INCOME - ALL FILERS MUST ANSWER THIS QUESTION:

(For help, see instructions page 4)

I have no sources of income that I am required to list.

Source of Income	Service Provided	Amount* (if required)
A State of Ohio	Secretary of State	
B Merrill Lynch	Interest Income/IRA distribution	
C Huntington Bank	Interest Income on Checking/Savings	
D		
E		

* Check instructions to see whether you are required to disclose amounts of income.

2. SOURCES OF GIFTS - ALL FILERS MUST ANSWER THIS QUESTION:

(For help, see instructions page 5)

I have no sources of gifts that I am required to list.

Source of Gift	Source of Gift
A Zane State Community College	D
B Ohio Convention Committee 2016	E
C	F

3. NAMES OF SPOUSE RESIDING IN HOUSEHOLD AND ANY DEPENDENT CHILDREN - ALL FILERS MUST ANSWER THIS QUESTION:

There are no immediate family members whose names I am required to list.

(For help, see instructions page 5)

Spouse Residing in Household	Dependent Children
Tina Husted	Kylie Husted
Dependent Children	
Alex Husted	
Kathryn Husted	

4. NAMES OF BUSINESSES - ALL FILERS MUST ANSWER THIS QUESTION:

(For help, see instructions page 5)

If you or anyone you listed in Question 3 owns or operates a business, list the name of the business.

There are no business names that I am required to list.

Business Name	Business Name
A A.R.T. Squared, LLC	C
B	D

5. LAND (REAL ESTATE) IN OHIO - ALL FILERS MUST ANSWER THIS QUESTION:

(For help, see instructions page 6)

I have no real estate that I am required to list.

Land (Real Estate) in Ohio (List address or, if address is unavailable, plat number and county)
A
B
C

You are not required to disclose your personal residence or real property held primarily for personal recreation.

6. CREDITORS OVER \$1,000 - ALL FILERS MUST ANSWER THIS QUESTION:

(For help, see instructions page 6)

I have no creditors that I am required to list.

Creditor	Creditor
A American Express	D
B VISA	E
C Wells Fargo	F

7. DEBTORS OVER \$1,000 - ALL FILERS MUST ANSWER THIS QUESTION:

(For help, see instructions page 6)

I have no debtors that I am required to list.

Debtor	Debtor
A	C
B	D

8. INVESTMENTS OVER \$1,000 - ALL FILERS MUST ANSWER THIS QUESTION:

(For help, see instructions page 6 and 7)

I have no investments that I am required to list.

Corporation, Trust, Business Trust, Partnership, or Association	Nature of Investment
A OPERS	Retirement Fund
B State of Ohio Deferred Compensation	Mutual Funds
C Merrill Lynch	CMA, Retirement Account
D	
E	
F	
IF YOU NEED ADDITIONAL SPACE, PLEASE ATTACH A SEPARATE SHEET.	

9. OFFICES/FIDUCIARY RELATIONSHIPS - ALL FILERS MUST ANSWER THIS QUESTION:

(For help, see instructions page 8)

I have no offices or fiduciary relationships that I am required to list.

Corporation, Trust, Business Trust, Partnership, or Association	Office or Nature of Relationship
A Jon & Tina Husted Trust	Trustee
B	

SKIP QUESTIONS 10 AND 11 IF YOU ARE ONLY REQUIRED TO FILE AS A:

- College or university trustee
- Candidate for a city, township, school district, or ESC position that is paid less than \$16,000 a year
- City, township, school district, ESC, or sanitary district official or employee serving in a position that is paid less than \$16,000 a year

10. FOOD OR BEVERAGES - ALL FILERS EXCEPT THOSE LISTED IN THE BOX ABOVE MUST ANSWER THIS QUESTION:

I have no sources of meals, food, or beverages that I am required to list.

(For help, see instructions page 8)

Source of Food or Beverages	Source of Food or Beverages
A Ohio Hospital Association	C
B	D

11. TRAVEL EXPENSES - ALL FILERS EXCEPT THOSE LISTED IN THE BOX ON PAGE 3 MUST ANSWER THIS QUESTION:

I have no sources of travel expenses that I am required to list. (For help, see instructions page 9)

Source of Travel Expenses	Amount
A See Attached	
B	
C	
D	
E	
F	

12. NON-DISPUTED INFORMATION - ALL state employees, state officials and state board and commission members (except college and university trustees) are REQUIRED to answer Question 12. All other filers should skip this question and go to question 13.

I have no information that I am required to list. (For help, see instructions page 9)

Non-Disputed Information
A See Attached
B

13. SIGNATURE - ALL FILERS MUST SIGN THE STATEMENT:

(For help, see instructions page 10)

By signing this statement:

- I swear or affirm that this statement and any additional attachments have been prepared or carefully reviewed by me, and constitute my complete, truthful, and correct disclosure of all required information, and that the address listed on page 1 is a correct mailing address.
- I acknowledge and understand that, among other potential violations and penalties, knowingly filing a false statement is a criminal misdemeanor of the first degree, in violation of Sections 102.02(D) and 2921.13(A)(7) of the Revised Code, punishable by a fine of not more than \$1,000, imprisonment of not more than six months, or both.
- I acknowledge and understand that filing a false statement may be grounds for removal from public office or dismissal from public employment pursuant to Sections 3.04 and 124.34 of the Revised Code.
- I acknowledge that, in 2016, I served in, or in 2017, I am serving in or a candidate for, the position indicated on page 1 of this statement.

If you have any questions before signing this form, please contact the Ohio Ethics Commission at (614) 466-7090.

Before signing this statement, please review to make sure that you have answered each question you are required to answer. If you have nothing to list in response to any question, check the box indicating that you have nothing to list. If the response to any required question is omitted, the Commission will return the statement to you as incomplete. Any person who fails to file a complete statement by the appropriate filing deadline will be assessed a late filing fee and may be subject to criminal penalty.

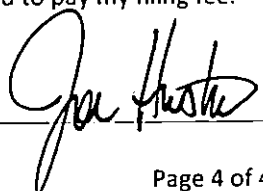
Deliver completed statement to: Ohio Ethics Commission, 30 W. Spring St., L3, Columbus, OH 43215

My filing fee is:

(For help, see instructions page 2)

- Enclosed (check or money order payable to "Ohio Ethics Commission")
- Submitted Online
- Included in my attorney registration fees (Judges, Magistrates, and Judicial Candidates Only)
- My public agency is required or has agreed to pay my filing fee.

YOUR SIGNATURE IS REQUIRED HERE: _____



Date: 5-14-17



Secretary Husted Travel for 2016 Financial Disclosure

Traveler - Name	Travel Event/Location	Travel Dates	Expense Type	Amount	Payment Type	Expense Report ID
HUSTED, JON A	NASS Summer Conference 2016 - Nashville, TN	Jul 14, 2016	Conference Lodging	\$209.00	Reimbursement	0900570313
HUSTED, JON A	NASS Summer Conference 2016 - Nashville, TN	Jul 14, 2016	Conference Lodging Tax	\$34.37	Reimbursement	0900570313
HUSTED, JON A	NASS Summer Conference 2016 - Nashville, TN	Jul 14, 2016	Parking/Tolls	\$41.61	Reimbursement	0900570313
HUSTED, JON A	NASS Summer Conference 2016 - Nashville, TN	Jul 15, 2016	Conference Lodging	\$209.00	Reimbursement	0900570313
HUSTED, JON A	NASS Summer Conference 2016 - Nashville, TN	Jul 15, 2016	Conference Lodging Tax	\$34.37	Reimbursement	0900570313
HUSTED, JON A	NASS Summer Conference 2016 - Nashville, TN	Jul 15, 2016	Parking/Tolls	\$41.61	Reimbursement	0900570313
HUSTED, JON A	NASS Summer Conference 2016 - Nashville, TN	Jul 16, 2016	Conference Lodging	\$209.00	Reimbursement	0900570313
HUSTED, JON A	NASS Summer Conference 2016 - Nashville, TN	Jul 16, 2016	Conference Lodging Tax	\$34.37	Reimbursement	0900570313
HUSTED, JON A	NASS Summer Conference 2016 - Nashville, TN	Jul 16, 2016	Parking/Tolls	\$41.61	Reimbursement	0900570313
Summary				\$854.94		

Employer Activity & Expenditure Report

Employer: Ohio Petroleum Marketers & Convenience Store Association
May-Aug16

File Date: 9/29/2016
Confirmation: 20160929EUPE507524

[List of Agents]

Lisa H Dodge
Anthony L Ehler
Sean P Dunn
Jennifer B Rhoads
Drew Davidson
William Behrendt

I. Executive Lobbying Activity

Please disclose specific agency decisions on which active advocacy occurred during this reporting period:

Agency	Agency Decision No Agency Decisions Decision Description	Decision/Rule #
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II. Executive Lobbying Expenditure Statement

A. Gifts

Date	Recipient	Description	Decision	Date Notified	Amount
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B. Itemized Meals and Beverages

Date	Recipient	Description	Decision	Date Notified	Amount
8/3/2016	John Husted	Dinner		8/29/2016	\$66.00

C. Non-Itemized Meals and Beverages

Meals Under \$50: \$0.00
Speaking Engagements: \$0.00
National Conference Meals: \$0.00

Total Aggregate (A + B + C) \$66.00

Print

Agent Activity & Expenditure Report

Agent: Mike Abrams
Employer: Ohio Hospital Association
Jan-Apr16

File Date: 5/27/2016
Confirmation: 20160527EUPA472074

I. Executive Lobbying Activity

Please disclose specific agency decisions on which active advocacy occurred during this reporting period:

Agency	Agency Decision No Agency Decisions Decision Description	Decision/Rule #
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II. Executive Lobbying Expenditure Statement

A. Gifts

Date	Recipient	Description	Decision	Date Notified	Amount
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B. Itemized Meals and Beverages

Date	Recipient	Description	Decision	Date Notified	Amount
4/23/2016	Jon Husted	Dinner		4/28/2016	\$341.75

C. Non-Itemized Meals and Beverages

Meals Under \$50: \$0.00
Speaking Engagements: \$0.00
National Conference Meals: \$0.00

Total Aggregate (A + B + C) \$341.75

Print