

\$40 FILING FEE

JOINT LEGISLATIVE ETHICS COMMITTEE  
50 WEST BROAD STREET, SUITE 1308  
COLUMBUS, OH 43215



THIS STATEMENT IS TO BE  
FILED IN 2017 FOR THE  
CALENDAR YEAR 2016

## 2016 Financial Disclosure Statement

(DO NOT SUBMIT PRIOR TO JANUARY 1, 2017)

Please provide a complete address and telephone number

PLEASE PRINT OR TYPE (Do not use pencil)

☐

House

☒

Senate

☐

Agency

1. NAME OF PERSON FILING STATEMENT

Huffman

LAST

Matthew

FIRST

C

M.I.

2. MAILING ADDRESS (May use Home, Business or Govt.)

2220 Merit Avenue

STREET

Lima

CITY

45805

ZIP CODE

Allen

COUNTY

(614) 466-7584

TELEPHONE NUMBER

3. EMAIL ADDRESS (OPTIONAL)

4. CURRENT EMPLOYER(S) (Other than the General Assembly)

1 Self-employed attorney

2

3

4

5

Official Time Stamp

OFFICE OF

MAY 15 2017

OHIO LEGISLATIVE  
INSPECTOR GENERAL

Filer: Huffman

**YOU MUST COMPLETE THIS FORM IF:**

- \* You are a member of the General Assembly during 2017:
- \* You were a member of the General Assembly during 2016;
- \* You are currently, or were in 2016, an employee of the General Assembly or any legislative agency who is designated by the Joint Legislative Ethics Committee or employing agency, as a financial disclosure statement filer.

**FILING FEE: \$40 FILING FEE.** Campaign funds MAY be used for this fee. If you are or were an employee (non-elected) of the General Assembly or any legislative agency, the \$40 fee will be invoiced to your agency at a later date.

**PENALTIES:** Any person who knowingly files a false statement may be subject to criminal prosecution of a first degree misdemeanor. Any person who fails to file a **complete** financial disclosure statement by the appropriate deadline may be assessed a late filing fee of \$10.00 for each day the statement is late, up to a maximum of \$250.00, and may also be subject to criminal prosecution of a fourth degree misdemeanor.

**FILING DEADLINE:** The filing deadline is **Monday, May 15, 2017**, **unless** one of the following applies:

- \* **AN INCUMBENT MEMBER OF THE GENERAL ASSEMBLY** whose name will appear on any 2017 Primary Election Ballot for local office. The filing deadline is 30 days prior to the Primary Election or May 15, 2017, whichever is earlier.
- \* **AN APPOINTEE TO THE GENERAL ASSEMBLY:** Any person appointed to fill a vacancy for an un-expired term in the General Assembly must file within 15 days after he or she qualifies for office.
- \* **A NEWLY HIRED OR PROMOTED EMPLOYEE:** An employee of the General Assembly, or any legislative agency, must file by May 15, 2017, unless you were employed or promoted to a filing position in 2017, then you must file within 90 days after employment or promotion.

**ATTACHMENTS:** You may attach additional pages as necessary; however, please reference the appropriate section for which you are submitting additional information.

This financial disclosure statement is a public record upon filing and is made available for public review on [www.jlec-olig.state.oh.us](http://www.jlec-olig.state.oh.us).

FOR MORE INFORMATION, PLEASE CONTACT THE JOINT LEGISLATIVE ETHICS COMMITTEE,  
OFFICE OF THE LEGISLATIVE INSPECTOR GENERAL AT (614)728-5100.

THIS IS A PERSONAL FINANCIAL DISCLOSURE STATEMENT.  
**THIS IS NOT A CAMPAIGN FINANCE-RELATED REPORT.**

## 1. INCOME

Complete **EITHER** Section A (Member) or Section B (Employee), whichever is applicable.

**A. IF YOU ARE A MEMBER OF THE GENERAL ASSEMBLY IN 2017 OR WERE A MEMBER OF THE GENERAL ASSEMBLY IN 2016:** You are required to list **EVERY** source of income and identify the amount from that source in accordance with the following ranges and appropriate identifying letter: A. \$0 - \$999; B. \$1,000 - \$9,999; C. \$10,000 - \$24,999; D. \$25,000 - \$49,999; E. \$50,000 - \$99,999; F. \$100,000 or more. **"Income" includes sources of gross income for federal tax purposes and interest and dividends on all governmental securities.** Also, list each source of income received by any other person for your use or benefit. You are not required to list the source of income of your spouse, unless the income was received specifically for your use or benefit. MILEAGE REIMBURSEMENT IS REPORTED IN "SECTION 8. TRAVEL". DO NOT INCLUDE MILEAGE REIMBURSEMENT IN "SECTION 1. INCOME".

You are not required to list the individual items of income from your business or profession, only the name of any business, governmental agency, or employer from which you received income; EXCEPT (1) you must list the source and dollar amount of income received, or shared with a partner in your business or profession, that is attributable to services or goods provided to a client or customer who is a "legislative agent" AND/OR (2) you must list the source and dollar amount of income received from a person or entity that is doing or seeking to do business with the General Assembly.

Attorneys, physicians, or other professionals subject to confidentiality requirements as described in Revised Code Section 102.02(A)(2)(b) should list each practice separately but need not disclose the names of their clients, patients, or other recipients of professional services unless those clients, patients, or other recipients are legislative agents. If the client, patient, or other recipient is a legislative agent, you must disclose each client, patient, or other recipient unless excepted under Revised Code Section 102.02(A)(2)(b).

For each source of income listed, briefly **describe the services** for which the income was received.

**EXAMPLE:**

| SOURCE OF INCOME                        | SERVICE PERFORMED           | AMOUNT<br>(A, B, C, D, E, OR F) |
|-----------------------------------------|-----------------------------|---------------------------------|
| State of Ohio                           | Senator/Representative      | E                               |
| Smith and Jones Law Firm                | Lawyer                      | C                               |
| Friendly National Bank                  | Interest on Savings Account | A                               |
| Leo Lobbyist - <b>Legislative Agent</b> | Boat Insurance Policy       | \$143.00                        |
| 123 Main Street                         | Rental Income               | B                               |

IF NONE, CHECK HERE ☐

|    | SOURCE OF INCOME                         | SERVICE PERFORMED | AMOUNT<br>(A, B, C, D, E, OR F) |
|----|------------------------------------------|-------------------|---------------------------------|
| 1  | Huffman, Kelley, Brock & Gottschalk, LLC | Attorney          | F                               |
| 2  | Citizens National Bank                   | Interest          | A                               |
| 3  | Superior Credit Union                    | Interest          | A                               |
| 4  | Huffman, Kelley, Brock & Gottschalk, LLC | Member            | B                               |
| 5  | Downtown Lima Properties, LLC            | Rental Income     | C                               |
| 6  |                                          |                   |                                 |
| 7  |                                          |                   |                                 |
| 8  |                                          |                   |                                 |
| 9  |                                          |                   |                                 |
| 10 |                                          |                   |                                 |
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| 12 |                                          |                   |                                 |

**B. IF YOU ARE AN EMPLOYEE OF THE GENERAL ASSEMBLY OR ANY LEGISLATIVE AGENCY:**

You are required to list each source of gross income. **You are not required to disclose any dollar amounts except as indicated below.** Also, list each source of income received by any other person for your use or benefit. Remember to list your employment as a source of income. **"Income" includes gross income for federal tax purposes and interest and dividends on all governmental securities.** You are not required to list the sources of income of your spouse, unless the income was received specifically for your use or benefit.

You are not required to list the individual items of income from your business or profession, only the name of any business, governmental agency, or employer from which you received income; EXCEPT (1) you must list the source and dollar amount of income received, or shared with a partner in your business or profession, that is attributable to services or goods provided to a client or customer who is a "legislative agent" AND/OR (2) you must list the source and dollar amount of income received from a person or entity that is doing or seeking to do business with the General Assembly.

Attorneys, physicians, and other professionals subject to confidentiality requirements as described in Revised Code Section 102.02(A)(2)(b) should list each practice separately but need not disclose names of their clients, patients, or other recipients of professional services, unless those clients, patients, or other recipients are legislative agents. If the client, patient, or other recipient is a legislative agent, you must disclose each client, patient, or other recipient, unless excepted under Revised Code Section 102.02(A)(2)(b).

For each source of income listed, briefly **describe the services** for which the income was received.

IF NONE, CHECK HERE ☒

| SOURCE OF INCOME | SERVICE PERFORMED | AMOUNT<br>(if required) |
|------------------|-------------------|-------------------------|
| 1                |                   |                         |
| 2                |                   |                         |
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## 2. IMMEDIATE FAMILY MEMBERS

List the names of members of your immediate family. "Immediate family" is defined as your spouse residing in your household and any dependent child.

IF NONE, CHECK HERE ☐

|                     |                  |
|---------------------|------------------|
| 1 Sheryl S. Huffman | 2 Samuel Huffman |
| 3                   | 4                |
| 5                   | 6                |
| 7                   | 8                |
| 9                   | 10               |

## 3. BUSINESS NAMES

List all names under which you or members of your immediate family do business.

IF NONE, CHECK HERE ☐

|                                            |    |
|--------------------------------------------|----|
| 1 Huffman, Kelley, Brock & Gottschalk, LLC | 2  |
| 3                                          | 4  |
| 5                                          | 6  |
| 7                                          | 8  |
| 9                                          | 10 |
| 11                                         | 12 |

#### 4A. Fiduciary Relationships

List the names of each corporation incorporated or authorized to do business in Ohio and each trust, business trust, partnership, or association authorized to do or transact business in Ohio in which you hold an office or have a fiduciary relationship (regardless of any monetary investment), including holding office in a not-for-profit corporation. For each listing, give a brief description of the office or relationship.

EXAMPLE:

| NAME OF CORPORATION, TRUST, BUSINESS TRUST, PARTNERSHIP, OR ASSOCIATION | NAME OF OFFICE OR FIDUCIARY RELATIONSHIP |
|-------------------------------------------------------------------------|------------------------------------------|
| Smith and Jones                                                         | Partner                                  |
| XYZ Inc.                                                                | President                                |
| Neighborhood Civic Association                                          | Volunteer Trustee                        |

IF NONE, CHECK HERE ☐

| NAME OF CORPORATION, TRUST, BUSINESS TRUST, PARTNERSHIP, OR ASSOCIATION | NAME OF OFFICE OR FIDUCIARY RELATIONSHIP |
|-------------------------------------------------------------------------|------------------------------------------|
| 1 Huffman, Kelley, Brock & Gottschalk                                   | Member                                   |
| 2 Downtown Lima Properties, LLC                                         | Member                                   |
| 3                                                                       |                                          |
| 4                                                                       |                                          |
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| 16                                                                      |                                          |



## 4B. Investments

List the names of each corporation incorporated or authorized to do business in Ohio and each trust, business trust, partnership, or association authorized to do or transact business in Ohio in which you or any other person for your use or benefit had an investment of more than \$1,000 during 2016 (at fair market value as of December 31, 2016, or the date of disposition, whichever is earlier). Include all investments of more than \$1,000 even though they constitute a source of income.

You do not have to disclose accounts with banks, building and loan associations, savings and loan associations, and credit unions if the amount is a deposit or withdrawable share account. You are not required to list investments held solely by your spouse unless the investment is strictly for your use or benefit. For each listing, give a brief description of the investment.

### EXAMPLE:

| NAME OF CORPORATION, TRUST, BUSINESS TRUST, PARTNERSHIP, OR ASSOCIATION | TYPE OF INVESTMENT   |
|-------------------------------------------------------------------------|----------------------|
| Acme Corporation                                                        | Common Stock         |
| Public Employee Retirement System of Ohio (PERS)                        | Retirement Fund      |
| Public Employee Deferred Compensation                                   | Mutual Fund          |
| Brokerage Firm                                                          | Money Market Account |
| ABC Fund                                                                | Mutual Fund          |

IF NONE, CHECK HERE

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| NAME OF CORPORATION, TRUST, BUSINESS TRUST, PARTNERSHIP, OR ASSOCIATION | TYPE OF INVESTMENT |
|-------------------------------------------------------------------------|--------------------|
| 1 Huffman, Kelley, Brock & Gottschalk, LLC                              | 401(k)             |
| 2 Public Employee Retirement System of Ohio                             | Retirement Fund    |
| 3 Public Employee Deferred Compensation                                 | Mutual Fund        |
| 4                                                                       |                    |
| 5                                                                       |                    |
| 6                                                                       |                    |
| 7                                                                       |                    |
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| 9                                                                       |                    |
| 10                                                                      |                    |
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| 12                                                                      |                    |
| 13                                                                      |                    |
| 14                                                                      |                    |
| 15                                                                      |                    |
| 16                                                                      |                    |

## 5. REAL ESTATE

List all leasehold or ownership interests in real property located in Ohio to which you hold legal title or in which you have any beneficial interest. You do not have to list your personal residence or any real property used primarily for personal recreation. List by address, parcel number, or other legal description.

IF NONE, CHECK HERE

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| STREET ADDRESS    | CITY | COUNTY | ZIP CODE |
|-------------------|------|--------|----------|
| 1 403 W High St   | Lima | Allen  | 45801    |
| 2 540 W Market St | Lima | Allen  | 45801    |
| 3                 |      |        |          |
| 4                 |      |        |          |
| 5                 |      |        |          |
| 6                 |      |        |          |
| 7                 |      |        |          |
| 8                 |      |        |          |
| 9                 |      |        |          |

## 6. CREDITORS

List the names of all creditors residing or transacting business in Ohio to whom you owe, or have owed, at any time during the calendar year 2016, more than \$1,000 in your own name or in the name of any other person. You must disclose automobile loans, school loans, credit card accounts, and all other similar accounts if the balance exceeded \$1,000 at any time during the calendar year 2016, even if no balance is currently outstanding. You do not have to disclose the debts on your personal residence or real property used primarily for personal recreation, or short-term debts resulting from the ordinary conduct of a business or profession.

IF NONE, CHECK HERE

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|                                                     |                                       |
|-----------------------------------------------------|---------------------------------------|
| 1 Superior Credit Union - Auto                      | 2 Princeton University - Student Loan |
| 3 Visa - Southwest                                  | 4 Visa - BP                           |
| 5 Discover                                          | 6 American Express - Hilton Honors    |
| 7 Huffman, Kelley, Brock & Gottschalk, LLC - 401(k) | 8                                     |
| 9                                                   | 10                                    |
| 11                                                  | 12                                    |
| 13                                                  | 14                                    |
| 15                                                  | 16                                    |
| 17                                                  | 18                                    |



## 7. DEBTORS

List the names of all **debtors** residing or transacting business in Ohio who **owe, or have owed, you** at any time during the calendar year 2016, more than \$1,000 in your own name or in the name of any other person for your use or benefit. If you are an attorney, physician, or any other professional subject to a confidentiality requirement as described in Revised Code Section 102.02(A)(2)(b), you do not have to disclose the names of your clients, patients or other recipients of professional services. You do not have to disclose the names of persons indebted to you if they are short-term debts resulting from the ordinary conduct of your business or profession. Banks, building and loan associations, savings and loan associations, and credit unions need not be listed if the only monies owed to you by them are monies which you deposited with such institutions or which are in a withdrawable share account.

IF NONE, CHECK HERE



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| 7 | 8 |

## 8. TRAVEL

List the **source** and **amount** of each payment of expenses incurred for **official travel**. Travel expenses include payments or reimbursements received by you in your own name, or by any other person for your use or benefit, for travel in **connection with your official duties**. You must disclose every payment or reimbursement of expenses for travel **both** inside and outside of Ohio. You must disclose travel payments or reimbursements, **INCLUDING but not limited to MILEAGE REIMBURSEMENTS**, made to you, or on your behalf, by the General Assembly. Members and employees of the General Assembly need not disclose official travel in a vehicle owned or leased by a state agency or state institution of higher education.

You do not have to disclose expenses incurred at a meeting or convention of a national or state organization to which **any state agency**, including, but not limited to, any legislative agency or state institution of higher education as defined in Section 3345.011 of the Revised Code, or any political subdivision in Ohio pays membership dues. Questions regarding membership status should be directed to the organization.

IF NONE, CHECK HERE



|    | SOURCE                                 | AMOUNT |
|----|----------------------------------------|--------|
| 1  | Ohio Legislative Service Commission    | 115.00 |
| 2  | Foundation for Excellence in Education | 616.12 |
| 3  |                                        |        |
| 4  |                                        |        |
| 5  |                                        |        |
| 6  |                                        |        |
| 7  |                                        |        |
| 8  |                                        |        |
| 9  |                                        |        |
| 10 |                                        |        |

## 9. GIFTS

List the source of each gift worth more than \$75, aggregated for the calendar year 2016, received by you in your own name, or by any other person for your use or benefit. If you are a member or employee of the General Assembly, also list the source of each gift or gifts over \$25, aggregated for the calendar year 2016, received from a legislative agent. If you are a member or employee of the General Assembly, you are prohibited from receiving a gift or gifts from a legislative agent where the value of the gift or gifts aggregated per calendar year, exceeds \$75.

You do not have to disclose the source of gifts received under a will or by inheritance. Also, you do not have to disclose the source of the gifts received from your spouse, parents, grandparents, children, grandchildren, siblings, nephews, nieces, uncles, aunts, cousins, step-relations, brothers-in-law, sisters-in-law, sons-in-law, daughters-in-law, fathers-in-law, mothers-in-law, or any person to whom you stand in loco parentis, or received by way of distribution from any inter vivos or testamentary trust established by a spouse or ancestor.

IF NONE, CHECK HERE

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|                                          |            |
|------------------------------------------|------------|
| 1 American Federation of Children        | 2 Leo Hawk |
| 3 Foundation for Excellence in Education | 4 GOPAC    |
| 5 James J. Flick                         | 6          |
| 7                                        | 8          |
| 9                                        | 10         |
| 11                                       | 12         |
| 13                                       | 14         |
| 15                                       | 16         |

## 10. MEALS, FOOD AND BEVERAGES

List the source of each payment of expenses for meals and other food and beverages received in connection with your official duties that exceed \$100 aggregated for the calendar year 2016. Expenses include payments or reimbursements to you. You must include the General Assembly if it was the source of expenses or reimbursements for meals, food, or beverages totaling over \$100 for the calendar year 2016.

You are not required to disclose the source of meals and other food and beverages provided at a meeting at which you participated in a panel, seminar, or speaking engagement; or at a meeting or convention of a national or state organization to which any state agency, including, but not limited to, any legislative agency or state institution of higher education as defined in Section 3345.011 of the Revised Code, or any political subdivision in Ohio pays membership dues. Nor must you disclose any meals or beverages, which have been reported in Section 8 above as travel expenses paid by the General Assembly.

IF NONE, CHECK HERE

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|---|---|
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## 11. NON-DISPUTED INFORMATION

Lobbyists are required to report expenditures made for the benefit of, or on behalf of, State public officials and certain designated staff members. If you received a statement from a legislative agent, or the employer of a legislative agent that identifies you as the recipient of an expenditure(s) made by that lobbyist or employer, and you do not dispute the information contained therein, attach a copy of the statement or list the non-disputed information below. If you dispute a lobbying expenditure made in your name, please contact JLEC at 614-728-5100.

You can monitor reported lobbying expenditures at any time by visiting the Ohio Lobbying Activity Center at [www.ohiolobbying.com](http://www.ohiolobbying.com).

PLEASE SEE ATTACHMENT "NON-DISPUTED INFORMATION REPORT":

☒

I HAVE NO NON-DISPUTED INFORMATION TO REPORT:

☒

I PREFER TO LIST MY NON-DISPUTED INFORMATION BELOW:

☐

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| 3 | 4 |
| 5 | 6 |
| 7 | 8 |

## 12. LICENSES

Any member of the General Assembly who engages in the conduct or practice of a particular business, profession, trade, or occupation that is subject to licensing or regulation by any branch, department, division, institution, instrumentality, board, commission, or bureau of the state, is required to file a notice that he or she is the holder of a particular license, or is engaged in such activity, as part of the financial disclosure statement. Therefore, if you are a member of the General Assembly, list all licenses held or a description of any regulated activity.

IF NONE, CHECK HERE

☐

|                    |                         |
|--------------------|-------------------------|
| License(s) Held    | Attorney                |
|                    | Title Agent             |
| Regulated Activity | Law Practice            |
|                    | Sale of Title Insurance |

BEFORE SIGNING THIS STATEMENT, PLEASE REVIEW EVERY QUESTION TO MAKE CERTAIN YOU HAVE DISCLOSED THE NECESSARY INFORMATION OR, IF YOU HAVE NOTHING TO DISCLOSE IN A GIVEN QUESTION, YOU HAVE CHECKED THE BOX MARKED "NONE".

IF THE ANSWER TO ANY QUESTION IS OMITTED, THE STATEMENT IS INCOMPLETE UNDER THE LAW AND WILL BE RETURNED TO YOU.

PERSONS WHO FAIL TO FILE A COMPLETE STATEMENT BY THE APPROPRIATE DEADLINE MAY BE ASSESSED A LATE FILING FEE OF \$10.00 FOR EACH DAY THE STATEMENT IS LATE, UP TO A MAXIMUM OF \$250.00. A KNOWING FAILURE TO FILE IS A MISDEMEANOR OFFENSE.

#### ACKNOWLEDGMENT

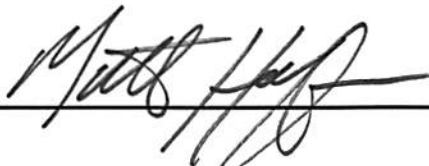
By signing below, I swear or affirm that this statement and any additional attachments were prepared or carefully reviewed by me and constitute a complete, truthful, and correct disclosure of all required information.

By signing below, I acknowledge awareness and understanding of Sections 102.02(D) and 2921.13(A)(7) of the Ohio Revised Code which prohibit me from knowingly filing a false statement and which are criminal misdemeanors of the first degree, punishable by a fine of not more than \$1,000 or imprisonment of not more than six months, or both. (See Revised Code Sections 102.99(B), 2921.13(F)(1), and 2929.21.)

By signing below, I acknowledge that I am required to pay a **\$40 FILING FEE** (made payable to JLEC), or that I am, or was, an employee (non-elected) of the General Assembly, or any legislative agency and that my agency will be invoiced at a later date.

This financial disclosure statement is a public record upon filing and is made available for public review on [www.jlec-olig.state.oh.us](http://www.jlec-olig.state.oh.us).

Your Signature is Required



Date

5-10-17

**NOTE:** No person is required to file more than one financial disclosure statement for any given calendar year with the appropriate ethics agency. If you are, or were in 2016, a member of the Ohio General Assembly you will file the JLEC statement with the Joint Legislative Ethics Committee regardless of your status as a current or former local or statewide officeholder, candidate for local or statewide office or service on a state board or commission. If you are a member or employee of the General Assembly and receive a Financial Disclosure Statement from the Ohio Ethics Commission, **DISREGARD** the statement provided by the Ohio Ethics Commission.

#### RETAIN A COPY OF THIS STATEMENT FOR YOUR RECORDS

This statement is to be submitted to:

JOINT LEGISLATIVE ETHICS COMMITTEE  
OFFICE OF THE LEGISLATIVE INSPECTOR GENERAL  
50 West Broad Street, Suite 1308  
Columbus, Ohio 43215-5908  
(614)728-5100

#### FOR OFFICIAL USE ONLY

Reviewed By: Ty Blaine

Date 5/15/17

Filer answered every question: X

Filer has not answered these questions: \_\_\_\_\_

Date form returned to filer:   /  /  

Date completed form received at OLIG   /  /

THE OHIO GENERAL ASSEMBLY

JOINT LEGISLATIVE ETHICS COMMITTEE

OFFICE OF THE LEGISLATIVE INSPECTOR GENERAL

50 W. Broad Street, Suite 1308, Columbus, OH 43215 • (614) 728-5100 • [www.jlec-olig.state.oh.us](http://www.jlec-olig.state.oh.us)

**To:** Joint Legislative Ethics Committee  
**From:** The Honorable Matt Huffman  
**Date:** March 24, 2017  
**Re:** §11 Non-disputed Information for the 2016 Financial Disclosure Statement to be filed in 2017

I do not dispute the following report of non-disputed information for calendar year 2016. Attachment of this report fulfills my requirements for Section 11.

## Legislative Expenditure Search

|                   |              |           |   |
|-------------------|--------------|-----------|---|
| Reporting Period: | Starting:    | Jan-Apr16 | ▼ |
|                   | Ending:      | Sep-Dec16 | ▼ |
| Agent:            | First Name:  |           |   |
|                   | Last Name:   |           |   |
| Employer Name:    |              |           |   |
| Bill:             |              |           |   |
| Recipient:        | Matt Huffman |           |   |
| Industry:         |              |           |   |
| Type:             | All ▼        |           |   |

No matching expenditures found.

| Rep. Period | Employer | Agent F Name | Agent L Name | Type | Recipient | Bill | Description | Amount | Date   |
|-------------|----------|--------------|--------------|------|-----------|------|-------------|--------|--------|
|             |          |              |              |      |           |      |             | TOTAL: | \$0.00 |