



Form No. BPC-2017

Board of Professional Conduct of the Supreme Court of Ohio

FINANCIAL DISCLOSURE STATEMENTThis statement is to be filed in **2018**Financial information for calendar year **2017**

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

SECTION A. PERSONAL CONTACT INFORMATION

Last Name

Astrab

First Name

Michael

MI

K

Address

City

State

Zip

County

Cuyahoga

E-mail Address

Phone

()

SECTION B. STATUS (Check all that apply)

- ☒ Judge
☐ Retired Judge
☐ Magistrate
☐ Appointed to an unexpired term in elective office
☐ Judicial Candidate
☐ Other (specify) _____

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

Month	Day	Year
		2018

FILED

Online

5/5/2018

10:39 PM

Confirm #: 2205181139052

SECTION C. PUBLIC POSITION, OFFICE, OR JOB

Position/Title (Example: judge, retired judge, or magistrate)

Common Pleas Judge

- ☐ Seeking
☐ Hold
☒ Held

Public Entity you serve in 2018, served in 2017, or will serve if elected

Cuyahoga County Court of Common Pleas, General Division

Public Salary:

- ☐ Less than \$16,000
☐ \$16,000 or more

Start Date:

Month	Day	Year
0	1	1 1 2 0 1 1

End Date:

Month	Day	Year
0	1	1 1 2 0 1 7

SECTION D. ADDITIONAL PUBLIC POSITION, OFFICE, OR JOB

Position/Title

- ☐ Seeking
☐ Hold
☐ Held

Public Entity in which you were/are an official, employee, candidate, or appointee

Public Salary:

- ☐ Less than \$16,000
☐ \$16,000 or more

Start Date:

Month	Day	Year

End Date:

Month	Day	Year

FOR OFFICIAL USE ONLY

- ☐ Walk-in
☐ Fax
☐ Mail
Rev'd by: _____

- ☒ Filer has answered every required question.
☐ Filer has not answered these questions: _____

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

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

For help, see instructions

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

Source of Income	Service Provided	Amount*
A State of Ohio/Cuyahoga County	Judge	
B		
C		
D		
E		

*If required. See instructions to see if you are required to disclose amounts of income.

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

For help, see instructions

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

Source of Gift	Source of Gift
A	D
B	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

Spouse Residing in Household	Dependent Children
Carrie Astrab	
Dependent Children	
Nicholas Astrab	
Kayla Astrab	

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

For help, see instructions

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	C
B	D

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

For help, see instructions

☒ 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

☐ I have no creditors that I am required to list.

Creditor	Creditor
A ACS (Student Loan)	D Kast Orthodontics
B Huntington Bank	E
C First Merit Bank	F

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

For help, see instructions

☒ 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

☐ I have no investments that I am required to list.

Corporation, Trust, Business Trust, Partnership, or Association	Nature of Investment
A See Attachment	
B	
C	
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

☒ 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	
B	

10. MEALS, FOOD, OR BEVERAGES - ALL FILERS MUST ANSWER THIS QUESTION:

For help, see instructions

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

Source of Food or Beverages	Source of Food or Beverages
A	C
B	D

11. TRAVEL EXPENSES - ALL FILERS MUST ANSWER THIS QUESTION:

For help, see instructions

☒ I have no sources of travel expenses that I am required to list.

Source of Travel Expenses	Amount
A	
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

Non-Disputed Information
A
B

13. SIGNATURE - ALL FILERS MUST SIGN THE STATEMENT:

For help, see instructions

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, punishable by a fine of not more than \$1,000, imprisonment of not more than six months, or both, and that I may be subject to disciplinary action.
- 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 2017, I served in, or in 2018, 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 Board of Professional Conduct at (614) 387-9370.

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 Board will return the statement to you as incomplete. **Any person who fails to file a complete statement by the appropriate filing deadline may be subject to criminal penalties and disciplinary action.**

Return your completed statement to: Board of Professional Conduct, Moyer Judicial Center, 65 South Front Street, 5th Floor, Columbus, Ohio 43215

YOUR SIGNATURE IS REQUIRED HERE:*Michael K. Astrab***Date:** 5/5/2018 10:39 PM

Confirmation Number: 2205181139052

ATTACHMENT - INVESTMENTS OVER \$1,000

Michael K. Astrab - 2017

[illegible]