



Form No. BPC-2021

Board of Professional Conduct of the Supreme Court of Ohio

**FINANCIAL DISCLOSURE STATEMENT**

This statement is to be filed in 2022

Financial information for calendar year 2021

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

**SECTION A. PERSONAL CONTACT INFORMATION**

Last Name

SUTULA

First Name

JOHN

MI

D

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 |
|-------|-----|------|
|       |     |      |

**FILED**

Online

**5/11/2022**

11:15 AM

Confirm #: 1105221915111

**SECTION C. PUBLIC POSITION, OFFICE, OR JOB**

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

Judge

- ☐ Seeking  
☒ Hold  
☐ Held

Public Entity you serve in 2022, served in 2021, 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   | 0 8 2 0 1 9 |

End Date:

| Month | Day | Year        |
|-------|-----|-------------|
| 0     | 1   | 0 7 2 0 2 5 |

**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 CUYAHOGA COUNTY            | JUDGE                              | \$14,000.00  |
| B STATE OF OHIO              | JUDGE                              | \$135,000.00 |
| C OHIO'S FINEST CREDIT UNION | INTERST ON CHECKING & SAVINGS      | \$100.00     |
| D SOCIAL SECURITY            | SOCIAL SECURITY RETIREMENT BENEFIT | \$24,000.00  |
| 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 |
|------------------------------|--------------------|
| VICTORIA SUTULA              |                    |
| Dependent Children           |                    |
|                              |                    |
|                              |                    |

**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<br>(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 FIRST FEDERAL OF LAKEWOOD | D ELAN VISA/CHASE  |
| B SEARS MASTER CARD         | E PARKVIEW FEDERAL |
| C SOUTHWEST VISA            | 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 KEY BANK RETIREMENT INVESTMENT                                | RETIREMENT FUND      |
| 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 See Attachment          |        |
| 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 2021, I served in, or in 2022, 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:

**JOHN D. SUTULA**

Date: 5/11/2022 11:15 AM

Confirmation Number: 1105221915111

# OHIO COMMON PLEAS JUDGES' ASSOCIATION

---

*Judge Scott T. Gusweiler, President*

*Judge Mark K. Wiest, Treasurer*

Hon. John D. Sutula  
Cuyahoga Co. Common Pleas Court  
1200 Ontario Street  
Cleveland, OH 44113-1678

December 2020

## **Invoice**

### **Ohio Common Pleas Judges' Association Dues for 2021 - \$200**

Please make check payable to: Ohio Common Pleas Judges'  
Association Tax ID Number [REDACTED]

### **\*\*\*PLEASE REMIT TO ADDRESS BELOW\*\*\***

Mail to: Hon. Mark K. Wiest  
Wayne Co. Common Pleas Court  
107 West Liberty Street  
Wooster, OH 44691

Phone: 330-287-5545

Note: Please return this statement (or a photocopy of same) with  
your remittance. Thank you.

Payment provides privileges of membership to both the judge named  
and to any successor in office for the balance of the dues paying  
period.



1375 EAST 9TH STREET • FLOOR 2 • CLEVELAND, OHIO 44114-1785  
 PHONE: (216) 696-3525 • FAX: (216) 696-2413  
**WWW.CLEMETROBAR.ORG**

**INVOICE NO. CCPVersion3**

Date: 9/24/21

**Attention:**

Cuyahoga County Court of Common Pleas  
 1200 Ontario Street, 11<sup>th</sup> Floor  
 Cleveland, OH 44113  
 (216) 443-7320

| Quantity     | Description  | Per Individual | Extended Price     |
|--------------|--|----------------|--------------------|
| 92           | Discounted CMBA annual membership dues bundle for judges and attorneys (\$150) a \$10 discount per member – a <b>\$920 savings</b> | \$150          | <b>\$13,800.00</b> |
|              | Included Section Membership (\$35 value per member) – a <b>\$3,290 savings</b>   | -              | -                  |
| 2            | CMBA reduced annual membership dues for attorneys not practicing law and non-lawyer personnel                                      | \$99           | <b>\$198.00</b>    |
| 94           | 1 Hour of CLE per Member (\$30/hr for CCP members; \$10 off an hour) – a <b>\$940 savings</b>                                      | \$30           | <b>\$2,820.00</b>  |
|              | Rollover from 20-21 Year to be applied as a discount this year:  |                | - \$1,565.00       |
| <b>Total</b> |  |                | <b>\$15,253.00</b> |

|  |                            |
|--|----------------------------|
| <b>Additional courtesy discount: \$543</b> | <b>Total Due: \$14,710</b> |
|--|----------------------------|

See roster for Common Pleas attorneys and judges included on the following pages. Any changes to member roster should be communicated to CMBA Manager of Member Engagement Madeline Poll at [mpoll@clemetrobar.org](mailto:mpoll@clemetrobar.org)

OK TO PAY  
 CMB  
 10-18-21

\$150.00  
 per Judge

CP100105 53200





**OHIO STATE BAR  
ASSOCIATION**  
Connect. Advance. Succeed.

# 2022 Dues Statement

January 1 - December 31, 2022



Renew Today | Continue to  
**Connect, Advance and Succeed**  
with the OSBA in 2022!

Company Code: 5763

Invoice Number: 1783776

**40% Off  
full dues  
price\***

If you were a member in 2021, your previous choices are preselected below for your convenience.

## 2022 Membership

### ☒ EMERITUS PLAN

Stay involved with the OSBA through our Emeritus Plan, designed especially for lawyers who are 70 years of age or registered with the Supreme Court of Ohio as emeritus, inactive or retired. The Emeritus Plan continues the services you value, plus:

- 12 complimentary OnDemand CLEs (some exclusions apply)
- Savings of 40% off non-member CLE prices (some exclusions apply)
- Unlimited opportunities to share *your* expertise through OSBA committees, online forums, CLEs and our award-winning publications

**You Pay: \$ 190.00**

**Save an additional \$20 by enrolling in annual automatic renewal**

\*Discount applies to full Membership Plan price of \$315.

1021-472  
Judge John D Sutula  
Cuyahoga County Common Pleas Court  
Ct Rm 23B  
1200 Ontario St Fl 11  
Cleveland, OH 44113-1604

Member Number XXXXXXXXXX  
Preferred email address

## SECTIONS

Join or renew your section memberships for 2022 by making selections below:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Antitrust Law <b>\$10</b>                          | <input type="checkbox"/> Intellectual Property Law <b>\$4</b> | <input type="checkbox"/> Solo, Small Firms and General Practice <b>\$10</b> |
| <input type="checkbox"/> Corporate Counsel <b>\$3</b>                       | <input type="checkbox"/> Labor and Employment Law <b>\$10</b> | <input type="checkbox"/> Women in the Profession <b>\$10</b>                |
| <input type="checkbox"/> Elder and Special Needs Law <b>\$10</b>            | <input type="checkbox"/> Litigation <b>\$10</b>               | <input type="checkbox"/> Workers' Compensation Law <b>\$10</b>              |
| <input type="checkbox"/> Environmental Law <b>\$10</b>                      | <input type="checkbox"/> Real Property Law <b>\$6</b>         | <input type="checkbox"/> Young Lawyers <b>\$10</b>                          |
| <input type="checkbox"/> Estate Planning, Trust and Probate Law <b>\$10</b> | <input type="checkbox"/> Senior Lawyers <b>\$10</b>           |   |

**Please total all section membership(s): \$**

## MEMBERSHIP INVOICE (return this form in its entirety - do not separate this section)

Print Name: \_\_\_\_\_

☐ Check enclosed made payable to the OSBA

☐ Pay by credit card: ☐ MasterCard ☐ VISA ☐ Am. Express ☐ Discover

Account number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Signature: \_\_\_\_\_

☐ **Annual automatic renewal** I am authorizing the OSBA to initiate a payment in the total amount listed here and to automatically renew my membership, including any selections I have made for section memberships, CLE passes and contributions to LAWPAAC and/or the OSBF, on or around Dec. 15 in subsequent membership years unless it is canceled by me, the card issuer or the OSBA. If I am taking advantage of a promotional rate or offer, I understand that in subsequent years, my membership will reflect regular benefits and pricing, including for any aforementioned selections I have made. I can make changes to my plan or cancel at any time by contacting the OSBA Member Service Center; however, I understand that there are no refunds or credits for partial months or years and that the OSBA may take up to three business days to process my request.

Totals based on selections above:

**2022 Membership Plan** \$ \_\_\_\_\_

**2022 Section Membership(s)** \$ \_\_\_\_\_

**Optional selections:**

Ohio LAWPAAC donation \$ 25.00

**Friend of the Ohio State Bar Foundation** \$ \_\_\_\_\_

To become a Friend of the OSBF, please remit an additional \$100.

### NOTE:

Subtract \$20 for enrolling in annual automatic renewal (Authorize enrollment by checking the box to the left. Credit card payment required.)

**Total due** \$ \_\_\_\_\_



**Pay by  
Mail:**

Enter credit card information above, or make check payable to **Ohio State Bar Association** and return form using the enclosed envelope.



**Pay  
Online:**

Visit [OhioBar.org/Renew2022](http://OhioBar.org/Renew2022).



**Pay by  
Phone:**

Our friendly Member Services Team is here to answer your questions at **(800) 232-7124**.

See reverse for disclaimers



# Expense Voucher

**\*\* One Invoice per Form \*\***

Check # **COPY**

Department Approval: Gregory M. Popovich

Deptment Name: Common Pleas Court

Date Completed: 12/8/2021

Prepared By: P.A. MINGEE

Phone #: 8557

Support Doc Attach: Yes

Hold Ck Pickup (Y/N): No

Check Received By:

|                |                       |
|----------------|-----------------------|
| Invoice #      | ET 2100180            |
| Invoice Date   | 12/8/2021             |
| Handling Code  | EXP - Expense Invoice |
| Invoice Amount | \$537.10              |

For Internal CP use Only

Reimburse for expenses to the Ohio Common Pleas Judges Association Conference December 2021 in Columbus

## Payee

|             |               |           |  |
|-------------|---------------|-----------|--|
| Vendor #    | 2874          | Remit To: |  |
| Vendor Name | John D Sutula |           |  |
| Address 1   |               |           |  |
|             |               |           |  |
|             |               |           |  |

## Payment Options:

|   |                                |
|---|--------------------------------|
| Separate Payment(Y/N)                     | <input type="checkbox"/>       |
| Enclosure to be Mailed with Payment (Y/N) | No                             |
| Unclaimed Funds (Y/N)                     | No                             |
| Invoice Description                       | OCPJA CONFERENCE DECEMBER 2021 |

|       | Accounting Unit | Account | SubAccount | Activity | Account Category * | Distribution |
|-------|-----------------|---------|------------|----------|--------------------|--------------|
| 10    | CP100105        | 53000   | 0000       |          |                    | \$537.10     |
|       |                 |         |            |          |                    | \$0.00       |
|       |                 |         |            |          |                    | \$0.00       |
| Total |                 |         |            |          |                    | \$537.10     |

\*The Account Category should be same as the Account. A formula is in place to automatically populate the Account Category.

## Fees:

|               |                 |
|---------------|-----------------|
| Mileage       | \$157.92        |
| Per Diem      | \$69.00         |
| Hotel         | \$310.18        |
|               | \$0.00          |
|               | \$0.00          |
|               | \$0.00          |
| <b>Total:</b> | <b>\$537.10</b> |



Cuyahoga County Common Pleas Court  
**GENERAL DIVISION**

THE STATE OF OHIO } ss:  
CUYAHOGA COUNTY }

**TO THE COUNTY FISCAL OFFICER:**

I hereby certify that the within bill is correct and you are directed to issue your County warrant for the same.

*[Signature]*  
Administrative Judge  
*[Signature]*  
Court Administrator

Internal Use Only

|              |                |                   |          |    |
|--------------|----------------|-------------------|----------|----|
| Audited By:  | Received Date: | Support Uploaded: | Yes      | NO |
| Please Print |                |                   | (Circle) |    |



2874

**Purpose:** Ohio Common Pleas Judges Association, Columbus, OH

Judge

check:

**EMBASSY  
SUITES**  
by HILTON™

5100 Upper Metro Place • Dublin, OH 43017  
Phone (614) 790-9000 • Fax: (614) 790-9001  
1-800-EMBASSY  
www.embassysuites.columbusdublin.com

Name & Address

Sutula, John

Suite  
Arrival Date  
Departure Date

334/TDBN  
12/1/2021 11:56:00 AM  
12/3/2021 9:00:00 AM

Adult/Child  
Suite Rate

1/0  
132.00

Rate Plan:  
HH #  
AL:  
Car:

OC2

Confirmation Number: 85921599

12/3/2021

**Hilton**

| DATE      | REFERENCE | DESCRIPTION                    | AMOUNT     |
|-----------|-----------|--------------------------------|------------|
| 12/1/2021 | 4543719   | GIFT SHOP TAXABLE              | \$4.00     |
| 12/1/2021 | 4543835   | GUEST ROOM                     | \$132.00   |
| 12/1/2021 | 4543835   | SALES TAX                      | \$9.90     |
| 12/1/2021 | 4543835   | HOTEL/MOTEL EXCISE TX -6% CITY | \$7.92     |
| 12/1/2021 | 4543835   | HOTEL/MOTEL EXCISE TX -4% CO   | \$5.28     |
| 12/2/2021 | 4544262   | GUEST ROOM                     | \$132.00   |
| 12/2/2021 | 4544262   | SALES TAX                      | \$9.90     |
| 12/2/2021 | 4544262   | HOTEL/MOTEL EXCISE TX -6% CITY | \$7.92     |
| 12/2/2021 | 4544262   | HOTEL/MOTEL EXCISE TX -4% CO   | \$5.28     |
| 12/3/2021 | 4544517   | VS *7760                       | (\$314.20) |
|           |           | **BALANCE**                    | \$0.00     |

Hilton Honors(R) stays are posted within 72 hours of checkout. To check your earnings or book your next stay at more than 6,500+ hotels and resorts in 119 countries, please visit Honors.com

Thank you for staying with us. Visit embassysuites.com for more information on hotel packages, subscribe to our E-announcements newsletter, or plan your next stay at close to 200 destinations.

|   |  |
|---|--|
| ACCOUNT NO.<br><br>VS *7760                                 |  |
| CARD MEMBER NAME<br>Sutula, John                            |  |
| ESTABLISHMENT NO. & LOCATION<br>EMBASSY SUITES - DUBLIN     |  |
| ESTABLISHMENT AGREES TO TRANSMIT TO CARD HOLDER FOR PAYMENT |  |
| CARD MEMBER'S SIGNATURE<br>X                                |  |

|                             |                                  |
|-----------------------------|----------------------------------|
| DATE OF CHARGE<br>12/3/2021 | FOLIO NO./CHECK NO.<br>1108983 A |
| AUTHORIZATION<br>04720C     | INITIAL                          |
| PURCHASES & SERVICES        |                                  |
| TAXES                       |                                  |
| TIPS & MISC.                |                                  |
| TOTAL AMOUNT                | -314.20                          |

W  
WALDORF  
ASTORIA  
HOTELS & RESORTS

CONRAD  
HOTELS & RESORTS™

canopy  
by HILTON

H  
Hilton  
HOTELS & RESORTS

CURIO  
A COLLECTION BY HILTON™

DOUBLE TREE  
by HILTON™

TAPESTRY  
COLLECTION  
BY HILTON™

EMBASSY  
SUITES  
by HILTON™

Hilton  
Garden  
Inn

Hampton  
by HILTON

tru  
by HILTON™

HOMWOOD  
SUITES  
by HILTON™

HOME2  
SUITES BY HILTON™

Hilton  
Grand Vacations

Hilton  
HONORS™



# Expense Voucher

**\*\* One Invoice per Form \*\***

Check #

|                |                       |
|----------------|-----------------------|
| Invoice #      | CO 2101340            |
| Invoice Date   | 12/27/2021            |
| Handling Code  | EXP - Expense Invoice |
| Invoice Amount | \$295.00              |

For Internal CP use Only

OCPJA Conference fee for Judge John Sutula:  
December 2021

Department Approval: Gregory M. Popovich

Department Name: Common Pleas Court

Date Completed: 12/28/2021

Prepared By: P.A. MINVEE

Phone #: 8560

Support Doc Attach: Yes

Hold Ck Pickup (Y/N): No

Check Received By:

## Payee

|             |                                       |           |              |
|-------------|---------------------------------------|-----------|--------------|
| Vendor #    | 23701                                 | Remit To: |              |
| Vendor Name | Ohio Common Pleas Judges' Association |           |              |
| Address 1   | 107 West Liberty Street               |           |              |
| Address2    |                                       | City      | Wooster, Ohi |
| State       |                                       | Zip Code  | 44691        |

## Payment Options:

|   |                         |
|---|-------------------------|
| Separate Payment(Y/N)                     | Yes                     |
| Enclosure to be Mailed with Payment (Y/N) | No                      |
| Unclaimed Funds (Y/N)                     | No                      |
| Invoice Description                       | OCPJA JUDGE JOHN SUTULA |

| Company | Accounting Unit | Account | SubAccount | Activity | Account Category * | Distribution |
|---------|-----------------|---------|------------|----------|--------------------|--------------|
| 10      | CP100105        | 53000   | 0000       |          |                    | \$295.00     |
|         |                 |         |            |          |                    | \$0.00       |
|         |                 |         |            |          |                    | \$0.00       |
| Total   |                 |         |            |          |                    | \$295.00     |

\*The Account Category should be same as the Account. A formula is in place to automatically populate the Account Category.




Cuyahoga County Common Pleas Court  
GENERAL DIVISION

THE STATE OF OHIO } ss:  
CUYAHOGA COUNTY }

TO THE COUNTY FISCAL OFFICER:

I hereby certify that the within bill is correct and  
you are directed to issue your County warrant for  
the same.

  
\_\_\_\_\_  
Administrative Judge  
  
\_\_\_\_\_  
Court Administrator

Internal Use Only

|              |                |                   |     |    |
|--------------|----------------|-------------------|-----|----|
| Audited By:  | Received Date: | Support Uploaded: | Yes | NO |
| Please Print |                | (Circle)          |     |    |



# Ohio Common Pleas Judges' Association

# INVOICE

107 West Liberty Street  
Wooster, Ohio 44691  
Phone: 330-287-5530 Fax: 330-287-5599

DATE: December 27, 2021

Honorable John Sututa  
Cuyahoga County Common Pleas Court  
2079 East Ninth Street  
Cleveland, Ohio 44115

| DESCRIPTION  |        | AMOUNT           |
|--|--------|------------------|
| <b>OHIO COMMON PLEAS JUDGES' ASSOCIATON WINTER SEMINAR</b> |        |                  |
| <b>EMBASSY SUITES - DUBLIN OHIO</b>                        |        |                  |
| <b>DECEMBER 1, 2, 3, 2021</b>                              |        |                  |
| Judge's Registration Fee                                   | 295.00 | 295.00           |
| Spouse Registration Fee                                    | 60.00  | 60.00            |
| <b>TOTAL</b>   |        | <b>\$ 355.00</b> |

Make all checks payable to: **Ohio Common Pleas Judges' Association**

Tax ID# 31-0962478

OK #18  
P.A. Myer