



Form No. BPC-2014

Board of Professional Conduct of the Supreme Court of Ohio

FINANCIAL DISCLOSURE STATEMENTThis statement is to be filed in **2015**Financial information for calendar year **2014**

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

SECTION A. PERSONAL CONTACT INFORMATION

Last Name

Mason

First Name

Lance

MI

T

Address

[REDACTED]

City

[REDACTED]

State

[REDACTED]

Zip

[REDACTED]

County

Cuyahoga

E-mail Address

[REDACTED]

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
		2015

FILED

Online

4/2/2015

11:46 PM

Confirm #: 2304154246027

SECTION C. PUBLIC POSITION, OFFICE, OR JOB

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

Judge Common Pleas Cuyahoga County

- ☐ Seeking
☒ Hold
☐ Held

Public Entity you serve in 2015, served in 2014, 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 4 2 0 1 1

End Date:

Month	Day	Year
1	2	3 0 2 0 1 7

SECTION D. ADDITIONAL PUBLIC POSITION, OFFICE, OR JOB

Position/Title

[REDACTED]

- ☐ Seeking
☐ Hold
☐ Held

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

[REDACTED]

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:[\(For help, see FAQs.\)](#)☐ I have no sources of income that I am required to list.

Source of Income	Service Provided	Amount
A See Attachment		
B		
C		
D		
E		
F		

2. SOURCES OF GIFTS - ALL FILERS MUST ANSWER THIS QUESTION:[\(For help, see FAQs.\)](#)☐ I have no sources of gifts that I am required to list.

Source of Gift	Source of Gift
A Brock Milstein	D
B Fernando Mack	E
C Norm Incze	F

3. NAMES OF SPOUSE RESIDING IN HOUSEHOLD AND ANY DEPENDENT CHILDREN - ALL FILERS MUST ANSWER THIS QUESTION:[\(For help, see FAQs.\)](#)☐ There are no immediate family members whose names I am required to list.

Spouse Residing in Household	Dependent Children
Aisha F. Mason	
Dependent Children	
Audrey E. Mason	
Ava L. Mason	

4. NAMES OF BUSINESSES - ALL FILERS MUST ANSWER THIS QUESTION:[\(For help, see FAQs.\)](#)

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 Teach Many Inc. dba Audrey's Chocolates	C
B In the Margin Realty	D

5. LAND (REAL ESTATE) IN OHIO - ALL FILERS MUST ANSWER THIS QUESTION:[\(For help, see FAQs.\)](#)☐ 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 17111 Kenyon Road, Shaker Heights, Ohio 44120, Duplex, Cuyahoga
B 16818 Kenyon Road, Shaker Heights, Ohio 44120, Duplex, Cuyahoga
C 17611 Chagrin Blvd., Shaker Heights, Ohio 44120, Duplex, Cuyahoga
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:[\(For help, see FAQs.\)](#)☐ I have no creditors that I am required to list.

Creditor	Creditor
A See Attachment	D
B	E
C	F

7. DEBTORS OVER \$1,000 - ALL FILERS MUST ANSWER THIS QUESTION:[\(For help, see FAQs.\)](#)☒ 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:[\(For help, see FAQs.\)](#)☐ I have no investments that I am required to list.

Corporation, Trust, Business Trust, Partnership, or Association	Nature of Investment
A Ohio Deferred Compensation	deferred compensation
B Ohio Public Employees Retirement	Retirement
C Met Insurance	Cash value for insurance
D	
E	
F	
IF YOU NEED ADDITIONAL SPACE, PLEASE ATTACH A SEPARATE SHEET	

9. OFFICES/FIDUCIARY RELATIONSHIPS - ALL FILERS MUST ANSWER THIS QUESTION:[\(For help, see FAQs.\)](#)☐ 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 Teach Many Inc.	Owner
B In the margin realty	Owner

10. MEALS, FOOD, OR BEVERAGES - ALL FILERS MUST ANSWER THIS QUESTION:[\(For help, see FAQs.\)](#)☒ 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:[\(For help, see FAQs.\)](#)☒ 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.[\(For help, see FAQs.\)](#)

Non-Disputed Information
A
B

13. SIGNATURE - ALL FILERS MUST SIGN THE STATEMENT:[\(For help, see FAQs.\)](#)

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 2014, I served in, or in 2015, 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 penalty and disciplinary sanctions.**

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:

Lance T. Mason

Date: 4/2/2015 11:46 PM

Confirmation Number: 2304154246027

ATTACHMENT - SOURCES OF INCOME

[illegible]

ATTACHMENT - CREDITORS OVER \$1,000[illegible]