



Form No. BPC-2022

Board of Professional Conduct of the Supreme Court of Ohio

**FINANCIAL DISCLOSURE STATEMENT**

This statement is to be filed in 2023

Financial information for calendar year 2022

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

**SECTION A. PERSONAL CONTACT INFORMATION**

Last Name

Sutula

First Name

Kathleen

MI

A

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

**5/15/2023**

2:39 PM

Confirm #: 1405234639153

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

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

Judge

- ☐ Seeking  
☒ Hold  
☐ Held

Public Entity you serve in 2023, served in 2022, 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 7 2 0 1 9

End Date:

Month	Day	Year
0	1	0 6 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 See Attachment		
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

**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 TJS Sutula, LLC	C 1812 Wexford. LLC
B 136 N. Carpenter Rd., LLC	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 6479-6497 Brecksville Road, Independence, Ohio 44131
B 136 N. Carpenter Rd., Brunswick, Ohio
C 1812-14 Wexford, Parma, Ohio 44134
<b>You are not required to disclose your personal residence or real property held primarily for personal recreation.</b>

**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 See Attachment	D
B	E
C	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 Attachments	
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 136 N. Carpenter, LLC	Owner
B 1812-14 Wexford, LLC	Owner

**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 2022, I served in, or in 2023, 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:***Kathleen A. Sutula***Date:** 5/15/2023 2:39 PM

Confirmation Number: 1405234639153

## ATTACHMENT - SOURCES OF INCOME

Kathleen A. Sutula - 2022

[illegible]

\* Check [instructions](#) to see whether you are required to disclose amounts of income.

[illegible]

[illegible]

## Account

Kathleen Ann Sutula IRA [REDACTED]

## Asset List

SEI Strategy (Capital) -  
Private Client  
ConservativeConservative Income  
Fund (COIAX)  
78413L662 | COIAXCore Fixed Income  
Fund (TRLVX)  
783925506 | TRLVXEmerging Mkts Debt  
Fund (SITEX)  
78411R851 | SITEXGlobal Managed Vol  
Fund (SVTAX) Q  
783925415 | SVTAXGovernment Fund  
(AABXX)  
783965395 | AABXXHigh Yield Bond Fund  
(SHYAX)  
783925647 | SHYAXMulti-Asset  
Accumulation Fund  
(SAAAX) Q  
783925159 | SAAAXMulti-Asset Capital  
Stability Fund (SCLAX)  
Q  
783925126 | SCLAXMulti-Asset Income  
Fund (SIOAX) Q  
783925142 | SIOAXMulti-Asset Inflation  
Managed Fund  
(SIFAX) Q  
783925134 | SIFAXMulti-Strategy  
Alternative Fund  
(SMSAX)  
783925167 | SMSAXReal Return Fund  
(SRAAX)  
783925233 | SRAAXShort-Duration Govt  
Fund (TCSGX)  
783965858 | TCSGXU.S. Managed  
Volatility Fund  
(SVOAX)  
783925480 | SVOAXUltra Short Bond Fund  
(SECPX)  
783965866 | SECPXSEI Strategy 2  
(Capital) - Private Client  
Market GrowthCore Fixed Income  
Fund (TRLVX)  
783925506 | TRLVXDynamic Asset  
Allocation Fund  
(SDYAX) Q  
78413L696 | SDYAXEmerging Mkts Debt  
Fund (SITEX)  
78411R851 | SITEXEmerging Mkts Equity  
Fund (SIEMX)  
78411R703 | SIEMXGovernment Fund  
(AABXX)  
783965395 | AABXXHigh Yield Bond Fund  
(SHYAX)  
783925647 | SHYAXInternational Equity  
Fund (SEITX)  
78411R109 | SEITXLarge Cap Fund  
(SLGAX)  
783925217 | SLGAXMulti-Asset  
Accumulation Fund  
(SAAAX) Q  
783925159 | SAAAXMulti-Asset Income  
Fund (SIOAX) Q  
783925142 | SIOAXMulti-Asset Inflation  
Managed Fund  
(SIFAX) Q  
783925134 | SIFAXMulti-Strategy  
Alternative Fund  
(SMSAX)  
783925167 | SMSAXSmall Cap Fund  
(SLLAX)  
783925191 | SLLAXSEI Strategy 3 (Capital)  
- Private Client EquityDynamic Asset  
Allocation Fund  
(SDYAX) Q  
78413L696 | SDYAXEmerging Mkts Equity  
Fund (SIEMX)  
78411R703 | SIEMXGovernment Fund  
(AABXX)  
783965395 | AABXXInternational Equity  
Fund (SEITX)  
78411R109 | SEITXLarge Cap Fund  
(SLGAX)  
783925217 | SLGAXSmall Cap Fund  
(SLLAX)  
783925191 | SLLAX



I, Judge Kathleen A. Sutula \_\_\_\_\_, being a duly elected official of the Cuyahoga County Court of Common Pleas, General Division, attest that the following expenses documented below are true and accurate in the performance of business from September 1 - September 3, 2021 and that all expenses were incurred and paid for by me.

[illegible]

CP100105 33000

## Judge Expense Reimbursement Affidavit

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

Approval Title	Approval Date	Approval Authority
Approval Title	Approval Date	Approval Authority

Title

**Judge**

check:



# Expense Voucher

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

Check # **COPY**

Invoice #	ET 2200008
Invoice Date	1/11/2022
Handling Code	EXP - Expense Invoice
Invoice Amount	\$616.06

For Internal CP use Only  
Ohio Commn Pleas Judges Association Winter Conference 11/30/21 - 12/3/2021

Payee

Vendor #	1292	Remit To:
Vendor Name	Kathleen A Sutula	
Address 1		
Address 2		
State		

Payment Options:

Separate Payment(Y/N)	No
Enclosure to be Mailed with Payment (Y/N)	No
Unclaimed Funds (Y/N)	No
Invoice Description	OCPIA CONFERENCE DECEMBER 2021

Company	Accounting Unit	Account	SubAccount	Activity	Account Category *	Distribution
10	CP100105	53000	0000			\$616.06
						\$0.00
						\$0.00
Total						\$616.06

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

**Fees:**

Mileage	\$137.76
Per Diem	\$13.00
Hotel	\$465.30
	\$0.00
	\$0.00
	\$0.00
<b>Total:</b>	<b>\$616.06</b>

Department Approval: Christopher J. Lucas

Deptment Name: Common Pleas Court

Date Completed: 1/12/2022

Prepared By: PAHUBEC

Phone #: 8557

Support Doc Attach: Yes

Hold Ck Pickup (Y/N): No

Check Received By: \_\_\_\_\_



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
(Circle)				

Please Print

**September 2021 Judicial Conference**

238 miles, roundtrip – 119 each way

Breakfast – no days

Lunch – 9/3/2021

Dinner – 9/1/2021; 9/2/2021

Judge  
KATHLEEN Sutub

**December 2021 Judicial Conference**

246 miles, roundtrip – 123 each way

• Breakfast- no days

• Lunch – 12/3/2021

• Dinner – 11/30/2021; 12/1/2021

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Name & Address

SUTULA, KATHLEEN

Suite 435/TDBN  
Arrival Date 11/30/2021 6:15:00 PM  
Departure Date 12/3/2021 7:26:00 AM

Adult/Child 1/0  
Suite Rate 132.00

Rate Plan: OC2  
HH #  
AL:  
Car:

**Hilton**

**W**  
WALDORF ASTORIA

L X R

CONRAD

canopy

Signia  
Hilton

**H**  
Hilton

CURIO  
COLLECTION

**D**  
DOUBLETREE

TAPESTRY  
COLLECTION

**E**  
EMBASSY  
SUITES

TEMPO

MOITO

**Hilton**  
Garden Inn

*Hampton*

**tru**

HOMWOOD  
SUITES

HOME  
SUITES

**Hilton**  
Grand Vacations

**Hilton**  
HONORS

Confirmation Number: 96764875

12/3/2021

DATE	REFERENCE	DESCRIPTION	AMOUNT
11/30/2021	4543474	GUEST ROOM	\$132.00
11/30/2021	4543474	SALES TAX	\$9.90
11/30/2021	4543474	HOTEL/MOTEL EXCISE TX -6% CITY	\$7.92
11/30/2021	4543474	HOTEL/MOTEL EXCISE TX -4% CO	\$5.28
12/1/2021	4543876	GUEST ROOM	\$132.00
12/1/2021	4543876	SALES TAX	\$9.90
12/1/2021	4543876	HOTEL/MOTEL EXCISE TX -6% CITY	\$7.92
12/1/2021	4543876	HOTEL/MOTEL EXCISE TX -4% CO	\$5.28
12/2/2021	4544301	GUEST ROOM	\$132.00
12/2/2021	4544301	SALES TAX	\$9.90
12/2/2021	4544301	HOTEL/MOTEL EXCISE TX -6% CITY	\$7.92
12/2/2021	4544301	HOTEL/MOTEL EXCISE TX -4% CO	\$5.28
12/3/2021	4544479	VS *9317	(\$465.30)
		**BALANCE**	\$0.00

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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. VS *9317	
CARD MEMBER NAME SUTULA, KATHLEEN	
ESTABLISHMENT NO. & LOCATION EMBASSY SUITES - DUBLIN	
ESTABLISHMENT AGREES TO TRANSMIT TO CARD HOLDER FOR PAYMENT	
CARD MEMBER'S SIGNATURE <b>X</b>	

DATE OF CHARGE 12/3/2021	FOLIO NO./CHECK NO. 1101832 A
AUTHORIZATION 03305B	INITIAL
PURCHASES & SERVICES	
TAXES	
TIPS & MISC.	
TOTAL AMOUNT	-465.30



# Expense Voucher

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

Check #

**COPY**

Invoice #	ET 2200007
Invoice Date	1/11/2022
Handling Code	EXP - Expense Invoice
Invoice Amount	\$516.36

For Internal CP use Only

Reimbursement for expenses for the Ohio  
Judicial Conference 9/1/2021 - 9/3/2021

Payee

Vendor #	1292	Remit To:	
Vendor Name	Kathleen A Sutula		
Address 1			
Address 2			
State			

Payment Options:

Separate Payment(Y/N)	No
Enclosure to be Mailed with Payment (Y/N)	No
Unclaimed Funds (Y/N)	No
Invoice Description	OJC SEPTEMBER 2021

Company	Accounting Unit	Account	SubAccount	Activity	Account Category *	Distribution
10	CP100105	53000	0000			\$516.36
	0					\$0.00
	0					\$0.00
Total						\$516.36

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

Fees:

Mileage	\$133.28
Per Diem	\$69.00
Hotel	\$314.08
	\$0.00
	\$0.00
	\$0.00
Total:	\$516.36



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 Judicial Conference

65 South Front Street, 4th Floor / Columbus, OH 43215 / [www.ohiojudges.org](http://www.ohiojudges.org)

Cuyahoga County Common Pleas Court  
Attn: Pat Mingee

INVOICE NUMBER 23AM11

INVOICE DATE 9/13/2022

INVOICE				
QUANTITY	UNITS	DESCRIPTION	UNIT PRICE	AMOUNT
		2022 Ohio Judicial Conference Annual Meeting registrations for:		
1	ea.	Judge Shirley Strickland Saffold	\$375.00	\$375.00
1	ea.	Judge Michael Shaughnessy	\$375.00	\$375.00
1	ea.	Brendan Sheehan	\$375.00	\$375.00
1	ea.	Kathleen Sutula	\$375.00	\$375.00
			SUBTOTAL	\$1,500.00
				\$1,500.00

**DIRECT ALL INQUIRIES TO:**  
Aleta Burns, Fiscal/HR Officer  
614-387-9757  
[Aleta.Burns@sc.ohio.gov](mailto:Aleta.Burns@sc.ohio.gov)

**REMIT PAYMENT TO:**  
Ohio Judicial Conference  
65 South Front Street, 4th Floor  
Columbus, OH 43215

PAY THIS AMOUNT

OK to pay

Payment due upon receipt

CP100105 53000