



Cuyahoga County Agency of Inspector General
FINANCIAL DISCLOSURE STATEMENT

This statement is to be filed in **2026**
 Financial Information for calendar year **2025**

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

SECTION A. PERSONAL CONTACT INFORMATION

Last Name		First Name		MI
<input style="width: 90%;" type="text"/>		<input style="width: 90%;" type="text"/>		<input style="width: 20px;" type="text"/>
Address		City	State	Zip
<input style="width: 90%;" type="text"/>		<input style="width: 80%;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 50px;" type="text"/>
County	E-mail Address		Phone	
<input style="width: 80%;" type="text"/>	<input style="width: 90%;" type="text"/>		<input style="width: 80%; border: 1px solid black;" type="text" value="()"/>	

SECTION B. STATUS (Check all that apply)

Charter Officer/Director
 Department/Division Director that reports directly to County Executive or Prosecutor
 Inspector General
 Chief of Staff or First Assistant to County Executive, County Council or County Prosecutor
 Deputy Chief of Staff reporting directly to County Executive's Chief of Staff
 Directors, Deputy Directors, Administrators or similarly titled employees
 Board of Revision Hearing Officers
 Clerk of County Council

SECTION C. COUNTY POSITION, OFFICE, OR JOB

Position/Title/Department		Seeking					
<input style="width: 90%;" type="text"/>		Hold					
		Held					
Start	Month	Day	Year	End	Month	Day	Year
Date:	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	Date:	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>

SECTION D. ADDITIONAL PUBLIC POSITION, OFFICE, OR JOB

Position/Title (Example: council member, sheriff, board member, or job title)		Seeking						
<input style="width: 90%;" type="text"/>		Hold						
		Held						
Public Salary:	Start	Month	Day	Year	End	Month	Day	Year
Uncompensated	Date:	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	Date:	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>
Less than \$16,000								
\$16,000 or more								

FOR AGENCY OF INSPECTOR GENERAL USE ONLY

	Filer has answered every required question. Filer has not answered these questions: _____	Date incomplete form returned to filer: _____ Date completed form returned to AIG: _____
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1. SOURCES OF INCOME

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

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

2. SOURCES OF GIFTS

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

There are no immediate family members whose names I am required to list.

Husband/Wife Residing in Household	Dependent Children
Dependent Children	

4. NAMES OF BUSINESSES

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

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

I have no creditors that I am required to list.

Creditor	Creditor
A	D
B	E
C	F

7. DEBTORS OVER \$1,000

I have no debtors that I am required to list.

Debtor	Debtor
A	C
B	D

8. INVESTMENTS OVER \$1,000

I have no investments that I am required to list.

Corporation, Trust, Business Trust, Partnership, or Association	Nature of Investment
A	
B	
C	
D	
E	
F	
IF YOU NEED ADDITIONAL SPACE, PLEASE USE ATTACHMENT PAGE.	

9. OFFICES/FIDUCIARY RELATIONSHIPS

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. FOOD OR BEVERAGES

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

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. SIGNATURE:

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, in violation of Sections 102.02(D) and 2921.13(A)(7) of the Ohio Revised Code, punishable by a fine of not more than \$1,000, imprisonment of not more than six months, or both.
- I acknowledge and understand that knowingly 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 Ohio Revised Code.
- I acknowledge that, in 2025, I served in, or in 2026, I am serving in the position indicated on page 1 of this statement.

If you have any questions before signing this form, please contact the Agency of Inspector General at (216) 698-2101.

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 AIG 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 discipline.**

ELECTRONIC SIGNATURE: _____

DATE: _____