

# OHIO ETHICS COMMISSION Financial Disclosure Statement



1993

THIS STATEMENT IS TO BE FILED IN 1994

Name and address of person filing statement. Please include complete addresses and telephone numbers of your home and your employer. Please check one box next to your preferred mailing address.

1. NAME of person filing statement.

CORDRAY RICHARD ADAMS  
(LAST) (FIRST) (MIDDLE)

2. HOME ADDRESS 4900 Grove City Road Phone (614) 539-1661  
(STREET) (AREA CODE) (NUMBER)  
Grove City 43123 FRANKLIN  
(CITY) (ZIP CODE) (COUNTY)

3. EMPLOYER OHIO ATTORNEY GENERAL  
30 EAST BROAD STREET 17th FLOOR Phone (614) 466-5026  
(STREET) (AREA CODE) (NUMBER)  
Columbus 43215 FRANKLIN  
(CITY) (ZIP CODE) (COUNTY)

4. PLEASE CHECK THE APPROPRIATE BOX OR BOXES, AND FILL IN THE REQUESTED INFORMATION.

a. **ELECTED OFFICE - CITY, COUNTY, STATE OR U.S. CONGRESS FROM OHIO**

Elected to . . .  Appointed to Unexpired term for . . . Title of Office \_\_\_\_\_

Dates of Current Term: From:     To:      
MO DAY YEAR MO DAY YEAR

City \_\_\_\_\_  County \_\_\_\_\_  State Office  U.S. Congress  
(Name) (Name)

b. **CANDIDATES FOR ELECTIVE OFFICE - CITY, COUNTY, STATE OR U.S. CONGRESS FROM OHIO**

Candidate for . . . Title of Office \_\_\_\_\_

Date of first election in which candidacy is to be voted upon:      
MO DAY YEAR

City \_\_\_\_\_  County \_\_\_\_\_  State Office  U.S. Congress  
(Name) (Name)

c. **APPOINTED OR EMPLOYED STATE OFFICIALS**

Date of Appointment or Employment 1/0/29/3  
MO DAY YEAR

(1)  PAID ACCORDING TO SCHEDULE "C" . . . Name of Ohio Attorney General  
Department, Agency, Board, Commission, or Office

(2) **STATE ADMINISTRATIVE DEPARTMENTS**

Director  Assistant Director  Deputy Director  Division Chief or Person of equivalent rank  
Name of Department \_\_\_\_\_

(3) **STATE BOARDS, COMMISSIONS OR ACADEMIC INSTITUTIONS**

Member, Ohio Ethics Commission  Member, Board of Commissioners on Grievances and Discipline of the Supreme Court

State Board or Commission Member (specify) \_\_\_\_\_

Trustee of Academic Institution (specify) \_\_\_\_\_

Chief Administrative or Executive Officer of State Board, Commission, Retirement System, or Academic Institution (specify) \_\_\_\_\_

(Position or title) \_\_\_\_\_

d. **COURT REFEREE**

part time  full time  Name of Court \_\_\_\_\_

e. **VOLUNTARY FILER**  Name of Agency \_\_\_\_\_

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RECEIVED  
OHIO ETHICS COMMISSION  
APR 14 3 38 PM '94

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**THIS STATEMENT MUST BE COMPLETED IN FULL. IF THE ANSWER TO ANY QUESTION IS OMITTED, THE STATEMENT IS INCOMPLETE UNDER THE LAW AND WILL BE RETURNED. WHEN THERE IS NOTHING TO DISCLOSE IN A GIVEN QUESTION, CHECK THE BOX MARKED "NONE."**

5. Names of members of immediate family (spouse residing in your household and any dependent child). NONE

Spouse MARGARET M. CORDRAY

6. All names under which you or members of your immediate family do business. IF NONE, CHECK HERE

A \_\_\_\_\_ C \_\_\_\_\_  
B \_\_\_\_\_ D \_\_\_\_\_

7. List each source from which you received income of more than \$500 during calendar year 1993, including honoraria, exclusive of reasonable expenses. Also, list each source of income of more than \$500 received by any other person for your use or benefit during calendar year 1993. Remember to list your employment, even though it is indicated in Item No. 3. Sources of gross income for Ohio and/or federal income tax purposes, including retirement income, must be included.

Although you are required to list each source of gross income, you are not required to disclose any dollar amounts. If you received income from a business or profession, name only the source of income, such as the name of the business, and not individual accounts, clients, or customers of the business or profession. Attorneys, doctors, and psychologists should list each practice separately but need not disclose the names of their clients or patients. For each source of income listed, give a brief description of the service performed.

EXAMPLE:

A. Source <u>Elm City</u>	D. Source <u>ABC Pension Fund</u>
Service Performed <u>Mayor</u>	Service Performed <u>Retirement Income</u>
B. Source <u>Smith and Jones Law Firm</u>	E. Source <u>XYZ Corporation</u>
Service Performed <u>Private Law Practice</u>	Service Performed <u>Dividends</u>
C. Source <u>Friendly National Bank</u>	F. Source <u>Brokerage Firm</u>
Service Performed <u>Interest on Savings Account</u>	Service Performed <u>Certificate of Deposit Fund</u>

IF NONE, CHECK HERE

A. Source: Jones Day Reavis & Pogue

Service Performed: Private Law Practice (from October 8, 1993)

B. Source: State of Ohio

Service Performed: State Solicitor in Ohio Attorney General's office (after Oct 12, 1993)

C. Source: Capital University

Service Performed: law professor (wife Peggy)

D. Source: Society Bank

Service Performed: interest

E. Source: Bank One

Service Performed: interest

F. Janus Funds

dividends

G. M.L. Stern

dividends + interest

H. 1/3 interest in house in Washington, D.C. [230 E St. N.E.]

rental income

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8. List the source of each gift worth more than \$500 received by you in your own name, or by any other person for your use or benefit, during calendar year 1993. You do not have to disclose the source of gifts received under a will or by inheritance. Also, you do not have to disclose the source of gifts received from parents or grandparents, or received by way of distribution from any inter vivos or testamentary trust established by a spouse or ancestor. IF NONE, CHECK HERE

A \_\_\_\_\_ C \_\_\_\_\_  
 B \_\_\_\_\_ D \_\_\_\_\_

9. List the names of each corporation incorporated or authorized to do business in Ohio, and each trust, business trust, partnership, or association transacting business in Ohio in which you or any other person for your use or benefit had an investment of more than \$1,000 during 1993 (at fair market value as of December 31, 1993, or the date of disposition, whichever is earlier), or in which you hold an office or have a fiduciary relationship (regardless of any monetary investment, including holding office in a not-for-profit corporation). Include all investments even though they constitute a source of income and have been listed under Item No. 7. You do not have to disclose accounts with banks, building and loan associations, savings and loan associations, and credit unions if the amount is a deposit or withdrawable share account. For each listing, give a brief description of the investment, office, or relationship.

EXAMPLE:

A. Name of Corporation, etc. <u>Acme Corporation</u>	E. Name of Corporation, etc. <u>XYZ, Inc.</u>
Nature of Investment, Office, etc. <u>Common Stock</u>	Nature of Investment, Office, etc. <u>President</u>
B. Name of Corporation, etc. <u>Smith and Jones</u>	F. Name of Corporation, etc. <u>Smith Cleaning Company</u>
Nature of Investment, Office, etc. <u>Partner</u>	Nature of Investment, Office, etc. <u>Board of Directors</u>
C. Name of Corporation, etc. <u>Brokerage Firm</u>	G. Name of Corporation, etc. <u>DEF Financial Services</u>
Nature of Investment, Office, etc. <u>Money Market Account</u>	Nature of Investment, Office, etc. <u>Certificate of Deposit</u>
D. Name of Corporation, etc. <u>ABC Fund</u>	H. Name of Corporation, etc. <u>Public Employee Deferred Comp.</u>
Nature of Investment, Office, etc. <u>Mutual Fund</u>	Nature of Investment, Office, etc. <u>Mutual Fund</u>

IF NONE, CHECK HERE

A. Name of Corporation, etc. <u>Janus Corporation</u>	<u>F.T.I.A.A.-C.R.E.F.</u>
Nature of Investment, Office, etc. <u>mutual fund</u>	<u>(wife's pension fund)</u>
B. Name of Corporation, etc. <u>Gabelli Funds</u>	<u>Columbia Funds</u>
Nature of Investment, Office, etc. <u>mutual fund</u>	<u>(IRA)</u>
C. Name of Corporation, etc. <u>Vanguard Group</u>	H. <u>Public Employee Retirement System</u>
Nature of Investment, Office, etc. <u>mutual fund</u>	<u>pension fund</u>
D. Name of Corporation, etc. <u>M.L. Stern &amp; Co.</u>	
Nature of Investment, Office, etc. <u>bonds</u>	
E. Name of Corporation, etc. <u>Twentieth Century Mutual Funds</u>	
Nature of Investment, Office, etc. <u>(wife's IRA)</u>	

10. List all interests (including leasehold interests) in real property located in Ohio to which you hold legal title or in which you have any beneficial interest. You do not have to list your personal residence or any real property used primarily for personal recreation. List by address or other description. IF NONE, CHECK HERE

A \_\_\_\_\_ (STREET) (CITY) (COUNTY) (ZIP CODE)  
 B \_\_\_\_\_ (STREET) (CITY) (COUNTY) (ZIP CODE)  
 C \_\_\_\_\_ (STREET) (CITY) (COUNTY) (ZIP CODE)

11. List the names of all of your **creditors** residing or transacting business in Ohio to whom **you owe, or have owed at any time during calendar year 1993**, more than \$1,000 in your own name or in the name of any other person. You do not have to disclose the debts on your personal residence or real property used primarily for personal recreation, nor do you have to disclose debts resulting from the ordinary conduct of a business or profession. However, you must disclose auto loans, credit card accounts, and all other similar accounts if the balance has exceeded \$1,000 at any time during calendar year 1993, even if no balance due is currently outstanding. **IF NONE, CHECK HERE**

A Bank One (credit card account) C Bank of America (wife's credit card acct)

B Citibank (wife's credit card account) D Lazarus (credit card acct)

E Charles Cook (painter) F Renovations Unlimited (home improvements)

12. List the names of all of your **debtors** residing or transacting business in Ohio who **owe you, or have owed you at any time during calendar year 1993**, more than \$1,000 in your own name or in the name of any other person for your use or benefit. If you are an attorney, a doctor, or a psychologist, you do not have to disclose the names of your clients or patients. You do not have to disclose the names of persons indebted to you if the debt results from the ordinary conduct of your business or profession. Banks, building and loan associations, savings and loan associations, and credit unions need not be listed if the only moneys owed to you by them are moneys which you deposited with such institutions or which are in a withdrawable share account. **IF NONE, CHECK HERE**

A \_\_\_\_\_ B \_\_\_\_\_

G Milligan Plumbing (purchase of water softener)

**BEFORE SIGNING THIS STATEMENT, CHECK EVERY QUESTION TO MAKE CERTAIN YOU HAVE DISCLOSED THE NECESSARY INFORMATION OR, IF YOU HAVE NOTHING TO DISCLOSE IN A GIVEN QUESTION, YOU HAVE CHECKED THE BOX MARKED "NONE." IF THE ANSWER TO ANY QUESTION IS OMITTED, THE STATEMENT IS INCOMPLETE UNDER THE LAW AND WILL BE RETURNED TO YOU. PERSONS WHO FAIL TO FILE A COMPLETE STATEMENT BY THE APPROPRIATE DEADLINE MAY BE ASSESSED A \$5.00 PER DAY LATE FILING FEE AND MAY BE SUBJECT TO CRIMINAL PROSECUTION.**

**ATTESTATION**

By signing below, I swear or affirm that this statement and any additional attachments have been prepared or carefully reviewed by me, and constitute a complete, truthful, and correct disclosure of all required information.

By signing below, I also acknowledge awareness and understanding of Sections 102.02(D) and 2921.13(A)(7) of the Revised Code which prohibit me from knowingly filing a false statement and which are criminal misdemeanors of the first degree punishable by a fine of not more than \$1,000 or imprisonment of not more than six months, or both (Sections 102.99(B), 2921.13(D), and 2929.21 of the Revised Code).

In addition, I acknowledge awareness and understanding of Sections 3.04 and 124.34 of the Revised Code under which filing a false statement may be grounds for removal from public office or dismissal from public employment.

Your Signature is Required: Richard A. Cordray March 21, 1994  
(Date)

**RETAIN A COPY OF THIS STATEMENT FOR YOUR RECORDS**

- MEMBERS AND EMPLOYEES OF, AND CANDIDATES FOR, THE GENERAL ASSEMBLY FILE WITH:  
Senate Clerk, State House, Columbus, Ohio 43266-0604; (614) 466-4900 or,  
House Clerk, 65 South Front Street-Ground Floor, Columbus, Ohio 43215; (614) 466-3357
- JUDICIAL OFFICERS AND EMPLOYEES, AND CANDIDATES FOR JUDICIAL OFFICE FILE WITH:  
Secretary, Board of Commissioners on Grievances and Discipline of The Ohio Supreme Court,  
41 South High Street, Suite 3370, Columbus, Ohio 43215-6104; (614) 644-5800
- ALL OTHERS FILE WITH:  
Ohio Ethics Commission, The Atlas Building, 8 East Long Street, Suite 1200, Columbus, Ohio 43215; (614) 466-7090

FOR OFFICE USE ONLY  
Reviewed by: \_\_\_\_\_  Complete  Incomplete  Returned Date \_\_\_/\_\_\_/\_\_\_

**EQUAL OPPORTUNITY STATEMENT**  
The Ohio Ethics Commission is an Equal  
Opportunity Employer and Service Provider.