

PERSONNEL

MAR 31 1995

ATTORNEY GENERAL'S OFFICE



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OHIO ETHICS COMMISSION
FINANCIAL DISCLOSURE STATEMENT

1994

This statement is to be filed in 1995

Name and address of person filing statement. Please include address and telephone number of your home and your employer. Please check the box next to your preferred mailing address. Please type or print clearly in blue or black ink.

1. NAME CORDRAY RICHARD A
LAST FIRST MIDDLE
 HOME ADDRESS 4900 GROVE CITY ROAD GROVE CITY 43123
STREET CITY ZIP CODE

TELEPHONE ()
COUNTY (AREA CODE) NUMBER

3. EMPLOYER self-employed
STREET CITY ZIP CODE
TELEPHONE ()
COUNTY (AREA CODE) NUMBER

4. PLEASE CHECK EVERY BOX THAT APPLIES TO YOU & COMPLETE THE REQUESTED INFORMATION

NON-ELECTIVE STATE OR LOCAL OFFICIAL OR EMPLOYEE:

A. STATE SCHEDULE "C" EMPLOYEE STATE SCHEDULE "E-2" EMPLOYEE

B. STATE ADMINISTRATIVE DEPARTMENTS

- DIRECTOR
- ASSISTANT DIRECTOR OR EQUIVALENT
- DEPUTY DIRECTOR OR EQUIVALENT
- DIVISION CHIEF OR EQUIVALENT

DATE OF APPOINTMENT OR EMPLOYMENT

throughout 1994
MO DA YR

TITLE _____ DEPARTMENT _____

C. STATE BOARD, COMMISSION, OR RETIREMENT SYSTEM CHIEF EXECUTIVE OR ADMINISTRATIVE OFFICER

NAME OF BOARD, COMMISSION, OR RETIREMENT SYSTEM _____

D. COLLEGE OR UNIVERSITY PRESIDENT ACADEMIC INSTITUTION _____

E. STATE BOARD OR COMMISSION MEMBER BD/COMM. NAME _____

F. SCHOOL DISTRICT BOARD OF EDUCATION (NON-ELECTIVE OFFICE)

SUPERINTENDENT TREASURER BUSINESS MANAGER

NAME OF DISTRICT _____

G. VOLUNTARY FILER

THIS FORM IS TO BE COMPLETED BY NON-ELECTED STATE OFFICIALS AND EMPLOYEES, AND SCHOOL DISTRICT SUPERINTENDENTS, TREASURERS, AND BUSINESS MANAGERS.

FOR MORE INFORMATION, CONTACT THE OHIO ETHICS COMMISSION (614) 466-7090.

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OHIO ETHICS COMMISSION
APR 3 11 AM '95

FINANCIAL DISCLOSURE STATEMENT INSTRUCTIONS

THIS STATEMENT IS TO BE COMPLETED BY NON-ELECTED STATE OFFICIALS AND EMPLOYEES, AND SCHOOL DISTRICT SUPERINTENDENTS, TREASURERS, AND BUSINESS MANAGERS.

- THE FILING DEADLINE IS **APRIL 15, 1995**, UNLESS THE INDIVIDUAL FILING THE STATEMENT WAS APPOINTED TO HIS POSITION AFTER THAT DATE.
- ANY PERSON APPOINTED, EMPLOYED, OR PROMOTED AFTER APRIL 15, 1995 TO A NON-ELECTED POSITION FOR WHICH FINANCIAL DISCLOSURE IS REQUIRED MUST FILE WITHIN 90 DAYS AFTER APPOINTMENT, EMPLOYMENT, OR PROMOTION.
- IF YOU HOLD A POSITION AS A NON-ELECTED STATE OFFICIAL OR EMPLOYEE, OR A SCHOOL DISTRICT SUPERINTENDENT, TREASURER, OR BUSINESS MANAGER AT ANY TIME DURING 1995, **OR** IF YOU HELD SUCH POSITION AT ANY TIME DURING 1994, YOU ARE REQUIRED TO FILE THIS STATEMENT.
- **FILING FEES:** EACH FORM MUST BE ACCOMPANIED BY A FILING FEE, PAID BY THE FILER OR HIS PUBLIC AGENCY. THE SCHEDULE OF FILING FEES FOR FILERS OF THIS FORM IS:

Non-elected member of state board or commission	\$25
State employee, administrative department official, or chief executive officer of state board or commission	\$25
Superintendent, treasurer, or business manager of school district board of education	\$ 5

- **PENALTIES:** ANY PERSON WHO FAILS TO FILE A **COMPLETE** FINANCIAL DISCLOSURE STATEMENT BY THE APPROPRIATE DEADLINE MAY BE ASSESSED A LATE FILING FEE THAT IS EQUIVALENT TO ONE-HALF OF THE RELEVANT FILING FEE FOR EACH DAY THE STATEMENT IS LATE, UP TO A TOTAL OF \$100, AND MAY ALSO BE SUBJECT TO CRIMINAL PROSECUTION. IN ADDITION, ANY PERSON WHO FILES A FALSE STATEMENT MAY BE SUBJECT TO CRIMINAL PROSECUTION.

Any person who is appointed to or employed in any of the following state or school district positions is required to file this statement in 1995:

- persons paid according to State pay Schedule "C" or "E-2";
- the directors, assistant directors, division chiefs, and persons of equivalent rank of the state administrative departments;
- board members and chief executive officers of the five state retirement systems;
- members of the Ohio Ethics Commission;
- members of the Board of Commissioners on Grievances and Discipline of the Ohio Supreme Court;
- members and chief executive officers of the state boards and commissions required to file by Ohio Ethics Commission rule; and
- business managers, treasurers, and superintendents of all city, local, exempted village, joint vocational, cooperative education, and county school districts.

NOTE: No person is required to file more than one financial disclosure statement for any given calendar year with the appropriate ethics agency.

IF YOU ARE AN ELECTED OFFICIAL OR CANDIDATE FOR ELECTIVE OFFICE, OR A COLLEGE OR UNIVERSITY TRUSTEE, YOU ARE REQUIRED TO FILE FINANCIAL DISCLOSURE STATEMENT FORM NO. OEC-9402.

FOR MORE INFORMATION, PLEASE CONTACT THE OHIO ETHICS COMMISSION AT (614) 466-7090.

This form 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." If more space is required to fully answer the question, please attach additional sheets.

5. INCOME:

Recent changes in the law require that you must list every source of income, regardless of amount, you received after April 15, 1994. Sources of income received on or prior to April 15, 1994 need only be disclosed if the income exceeds \$500. "Income" includes gross income for federal income tax purposes and interest and dividends on all governmental securities. This would include sources of income received by another person for your use or benefit. Remember to list your employment as a source of income. You are not required to list the sources of income of your spouse, unless the income was received for your use or benefit. You are not required to list the individual items of income to your business or profession (except as described below), only the name of any business, governmental agency, or employer from which you received any income. Following each source of income, briefly describe the services for which the income was received.

**You must also list the specific source and amount of income received after April 15, 1994 ONLY in limited circumstances. This includes the names of clients and patients as sources of income, and the amount of income received from them. The circumstances are limited to the following:

- (1) The source and amount of income you received, or shared with a partner in your business or profession, that is attributable to services or goods provided to a client or customer who is a "legislative agent." Please see Revised Code 101.70 for the definition of "legislative agent," or contact the staff of the Joint Legislative Ethics Committee; and/or
- (2) The source and amount of income received from a person or entity that is doing or seeking to do business with the public agency you serve.

The law provides limited exceptions to the disclosure of the names of clients or patients as required by both of these provisions. Please see Revised Code 102.02 (A)(2)(c), or contact the staff of the Ohio Ethics Commission.

IF NONE, CHECK HERE

- A Source State of Ohio
Service Provided public employment - Ohio Attorney General's office
Amount (if required**) _____
- B Source Capital University
Service Provided law professor (my wife, Peggy)
Amount (if required**) _____
- C Source Bank One
Service Provided interest on savings accounts
Amount (if required**) _____

⑤ Income (cont.)

Richard Cordray
1994 Financial
Disclosure Statement

- D Source: Society National Bank
Service: Interest on Savings Account + IRA (non-taxable) investment
- E Source: Columbia Funds
Service: IRA (non-taxable) investment
- F Source: Twentieth-Century Mutual Funds
Service: IRA (non-taxable) investment
- G Source: Estate of Ethel M. Berger
Service: interest + dividends
- H Source: Janus Funds
Service: dividends + capital gains distribution
- I Source: Gabelli Mutual Funds
Service: dividends + capital gains distribution
- J Source: Vanguard Group
Service: dividends + capital gains distribution
- K Source: M.L. Stern & Co.
Service: nontaxable bond interest + sale of bonds
- L Source: House (rental property) 230 E. Street N.E.
Service: rent Washington, DC
- M Source: State of Ohio
Service: tax refund

6. GIFTS:

Recent changes in the law require that you list **each source of gifts** of over **seventy-five dollars (\$75)** received, after April 15, 1994, by you in your own name or by any other person for your use or benefit. You are required to list each source of gifts valued at, or totaling more than, \$75. Sources of gifts received on or prior to April 15, 1994 need only be disclosed if the gift's value exceeds \$500. *You are not required to disclose the nature of the gift.*

You are not required to disclose gifts received by will or by inheritance, gifts received by distribution from a trust established by a spouse or ancestor, or parents and grandparents as sources of gifts, received at any time during 1994. You are also not required to disclose any of the following as sources of gifts received after April 15, 1994: spouse, parents, grandparents, children, grandchildren, siblings, nephews, nieces, uncles, aunts, brothers-in-law, sisters-in-law, sons-in-law, daughters-in-law, fathers-in-law, mothers-in-law, or any person to whom you stand in loco parentis.

IF NONE, CHECK HERE

- | | | | |
|---|--------------|---|--------------|
| A | Source _____ | E | Source _____ |
| B | Source _____ | F | Source _____ |
| C | Source _____ | G | Source _____ |
| D | Source _____ | H | Source _____ |

7. MEALS:

List any source of payment of **expenses for meals, food, or beverages**, received in connection with your **official duties**, if the source paid for more than **one hundred dollars (\$100)** of meals, food, or beverages. Include the public entity you serve if it was the source of expense payments or reimbursements for meals, food, or beverages totaling over one hundred dollars during the year.

When determining the amount spent on your behalf, you need not consider meal, food, or beverage payments or reimbursements paid to you or on your behalf on or prior to April 15, 1994. You need not disclose as a source of meals, food, or beverages any party that provides meals, food, or beverages to you in connection with a meeting at which you participate in a panel, seminar, or speaking engagement, or at a meeting or convention of a national or state organization to which the public entity you serve pays membership dues, or which you have included in travel expenses paid by your public agency.

IF NONE, CHECK HERE

- | | | | |
|---|--------------|---|--------------|
| A | Source _____ | E | Source _____ |
| B | Source _____ | F | Source _____ |
| C | Source _____ | G | Source _____ |
| D | Source _____ | H | Source _____ |

8. TRAVEL EXPENSES:

List the source and amount of every payment of travel expenses. Travel expenses include any payments or reimbursements to you, or any other person for your use or benefit, for travel in connection with your official duties. You must disclose every payment or reimbursement of travel expenses for travel both inside and outside of Ohio. You must disclose travel payments or reimbursements made to you, or on your behalf, by the public entity with which you are connected. You may attach copies of reports filed with your public agency that itemize travel expenses for which you have been paid or reimbursed, if those reports disclose every payment of travel expenses from your public agency as required by law.

You need not disclose travel payments or reimbursements paid to you, or on your behalf, on or prior to April 15, 1994. You need not disclose any payment of travel expenses if the travel is in connection with a meeting or convention of a national or state organization to which the public agency with which you are connected pays membership dues.

IF NONE, CHECK HERE

- A Source State of Ohio - Attorney General's office
Amount [see attached report from Ohio Atty General's office]
- B Source _____
Amount _____
- C Source _____
Amount _____
- D Source _____
Amount _____
- E Source _____
Amount _____
- F Source _____
Amount _____

OUT OF STATE TRAVEL LOG SHEET FOR FISCAL YEAR 1995
(07/01/94 TO 06/30/95)

NAME RICHARD A. CORDRAY

AGCY REQ NO	DESTINATION	DATES OF TRAVEL	# OF PREV TRIPS	ER Check#		ER Batch#		AF Check#		AF Batch#		DATE	AMOUNT	QTR & FY
				Date	RP	ER Vouch#	RP Vouch#	Date	DE	AF Vouch#	DE Vouch#			
09	Washington DC	10/5/94	0										0	
A 10	Washington DC	10/11- 10/12/94	1	2	33413 48916	33413 48916		2	33514 43553	33514 43553		11/2/94	24400	E 2ND/95 A 2ND/95
17	Washington DC	10/30 10/31/94	3	2	32001 43227	32001 43227		2	32001 43331	32001 43331		11/16/94	24400	E 2ND/95 A 2ND/95
28	Washington DC	10/21/94	2	2	32001 43227	32001 43227		2	32001 43331	32001 43331		11/16/94	30400	E 2ND/95 A 2ND/95

MAR 27 '95 17:19 No. 007 P.04

ID:6144662081

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9A. Names of members of your immediate family (spouse residing in your household and any dependent child).

IF NONE, CHECK HERE

Spouse Margaret M. Cordray

9B. All names under which you or members of your immediate family do business.

IF NONE, CHECK HERE

A _____ C _____
B _____ D _____

10. INVESTMENTS:

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 one thousand dollars (\$1,000) during 1994 (at fair market value as of December 31, 1994, or the date of disposition, whichever is earlier), or in which you hold an office or have a fiduciary relationship (regardless of monetary investment, including holding office in a not-for-profit corporation). Include all investments even though they constitute a source of income. You do not have to disclose accounts with banks, building and loan associations, savings and loan associations, and credit unions if the account is a deposit or withdrawable share account. For each listing, give a brief description of the investment, office, or relationship.

[Those listed are all mutual funds or bond funds; I list them all because I do not know if they do business in Ohio.]

IF NONE, CHECK HERE

- A Name of Corporation, etc. Janus Funds
Nature of Investment, Office, etc. investment in mutual funds
- B Name of Corporation, etc. Gabelli Mutual Funds
Nature of Investment, Office, etc. investment in mutual funds
- C Name of Corporation, etc. Vanguard Group
Nature of Investment, Office, etc. investment in mutual funds
- D Name of Corporation, etc. M.L. Stern & Co.
Nature of Investment, Office, etc. investment in mutual funds
- E Name of Corporation, etc. Columbia Funds
Nature of Investment, Office, etc. IRA account
- F Twentieth-Century Mutual Funds
6 IRA account

11. CREDITORS:

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 1994, more than one thousand dollars (\$1000) in your own name or in the name of any other person. Include auto loans, credit card accounts, and all other similar accounts if the balance has exceeded \$1000 at any time during 1994, even if no balance is currently outstanding. You do not have to disclose debts on your personal residence or real property used primarily for personal recreation, or debts resulting from the ordinary conduct of a business or profession.

IF NONE, CHECK HERE

- A Bank Ohio (home mortgage) C Critibank (credit card)
- B Bank Ohio (credit card) D Chase Manhattan Mortgage Corp (rental property)

12. DEBTORS:

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 1994, more than one thousand dollars (\$1000) 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 that you deposited with such institutions or which are in a withdrawable share account.

IF NONE, CHECK HERE

- A _____ C _____
- B _____ D _____

13. REAL ESTATE:

List all leasehold and ownership interests in real property located in Ohio. You are not required 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 _____ C _____
- B _____ D _____

14. NON-DISPUTED INFORMATION:

If you received a statement from a legislative agent, executive agency lobbyist, or employer, which contains information described in Revised Code 101.73 (F)(2) or 121.63 (G)(2), and you do not dispute the information contained in the statement, you must either attach a copy of the statement or disclose the non-disputed information below. *If you have any questions about these provisions, please see Revised Code 101.70 for the definitions of "legislative agent" and "employer," and Revised Code 121.60 for the definitions of "executive agency lobbyist" and "employer," or contact the staff of the Joint Legislative Ethics Committee.*

IF NONE, CHECK HERE

A Non-disputed Information _____

B Non-disputed Information _____

Before signing this statement, check **every** question to make certain you have disclosed the necessary information. If you have nothing to disclose in a given question, be sure to check the box marked "None." **When a response 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 will be assessed a late filing fee and may be subject to criminal prosecution.

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.

By signing below, I also acknowledge that either I have, or my public agency has, paid the **filing fee** which **must accompany** this statement. [Please indicate the appropriate filing fee by checking the box below and attach a check or money order, if required, here.]

- Non-elected member of state board or commission. \$25
- State employee, administrative department official, or
chief executive officer of state board or commission. \$25
- Superintendent, treasurer, or business manager of school district board of education. \$ 5

Your signature is required Richard A. Corbary Date 3.29.95

RETAIN A COPY OF THIS STATEMENT FOR YOUR RECORDS

WHERE TO FILE:


- THE OHIO ETHICS COMMISSION, 8 EAST LONG STREET, SUITE 1200, COLUMBUS, OHIO 43215 (614) 466-7090

QUESTIONS ABOUT FORMS FILED BY MEMBERS OF OR CANDIDATES FOR THE GENERAL ASSEMBLY SHOULD BE DIRECTED TO:

- THE JOINT LEGISLATIVE ETHICS COMMITTEE, OFFICE OF THE LEGISLATIVE INSPECTOR GENERAL
50 WEST BROAD STREET, SUITE 1308, COLUMBUS, OHIO 43215 (614) 728-5100

QUESTIONS ABOUT FORMS FILED BY JUDICIAL OFFICERS AND EMPLOYEES, AND CANDIDATES FOR JUDICIAL OFFICE:

- BOARD OF COMMISSIONERS ON GRIEVANCES AND DISCIPLINE OF THE OHIO SUPREME COURT
41 SOUTH HIGH STREET, SUITE 3370, COLUMBUS, OHIO 43215 (614) 644-5800

FOR OFFICE USE ONLY	REVIEWED BY <u></u>
<input checked="" type="checkbox"/> COMPLETE	<input type="checkbox"/> INCOMPLETE
<input type="checkbox"/> FEE PAID	<input type="checkbox"/> FEE NOT PAID BY FILER OR PUBLIC AGENCY
RETURN DATE <u> / / </u>	FORM REV'D 11/94

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