

APR 14 2005

FCR0000109



OHIO ETHICS COMMISSION FINANCIAL DISCLOSURE STATEMENT

This statement is to be filed in 2005

Please type or print clearly in blue or black ink.

For the calendar year of 2004

I. ALL FILERS COMPLETE THIS ENTIRE SECTION: Please check the box next to your preferred mailing address.

Form I: Personal information including Name (Last: CORDRAY, First: RICHARD, Middle: A), Home Street Address (4900 GROVE CITY ROAD), County (FRANKLIN COUNTY), Current Employer Name (Franklin County Treasurer), Employer Street Address (373 S. High St. 17th Floor), City (Columbus), State (OH), Zip (43215), and Employer Telephone Number ((614) 462-3373).

II. COMPLETE THE SECTION(S) BELOW THAT APPLY TO YOU: Please include start and end dates.

Form II.A: ELECTED OFFICE OR CANDIDATE FOR ELECTED OFFICE. Includes checkboxes for State, County, School District, or City elected offices. Title of Office: Treasurer, Name of County: Franklin County. Term Start Date: 12/09/2002, Term End Date: 08/31/2005. Handwritten note: *re-elected to 4-year term commencing 9/1/2005

Form II.B: OTHER PUBLIC POSITIONS. Includes checkboxes for Public College or University Trustee, Retired Judge, Court Magistrate, Member, Sanitary District Board of Directors, and Voluntary Filer. Term Start and End Date fields are present.

Form II.C: MULTIPLE FILING POSITIONS. Fields for Public Position, Agency Name, Start Date, and End Date.

If you need help completing this form, contact the Ohio Ethics Commission - (614) 466-7090. Judges or other court officials should contact the Board of Commissioners - (614) 387-9370 or (888) 664-8345.

For office use only: inc, wi, io

RECEIVED OHIO ETHICS COMMISSION 2005 APR 14 P 1:52

GENERAL INFORMATION - FORM NO. OEC-2004-02

For assistance in completing this form or to download a blank statement, visit www.ethics.ohio.gov/fds.html

AM I REQUIRED TO FILE THIS FORM?

You must file this form if you served, at any time in 2004 or 2005, or are a candidate in 2005, for any of these positions:

- State, county, or city elected office
- Municipal school district board of education
- School district board of education or educational service center governing board in a district with a total student count of 12,000 or more
- Public college or university trustee
- Judge or magistrate
- Member, Board of Directors of a Sanitary District, composed in accordance with R.C. 6115.103, that includes two municipal corporations in two counties

You must file a statement reflecting financial information for each year that you served in, or are a candidate for, any of these positions.

CANDIDATES: This is a personal financial disclosure statement that must be filed with the Ohio Ethics Commission *before* the election, *regardless* of the amount of money you spend on your campaign. This is not a campaign expenditure statement.

VILLAGE AND TOWNSHIP OFFICIALS: You are exempted from filing this statement, by law.

If you are a *non-elected* state official or employee (except a college or university trustee) or a school board employee, this is NOT the statement that you are required to file. The correct statement is the OEC-2004-01, which is available on the Ohio Ethics Commission's website.

WHY MUST I FILE?

Filing a statement is required by law. Disclosure is part of the responsibility of holding or seeking a position of public trust. The statement allows you to self-identify the potential for conflicts of interest between your public responsibilities and private pursuits that may require further caution and guidance. Disclosure also offers citizens the awareness of possible conflicts for officials and employees who serve them and reassurance that those possible conflicts are disclosed.

- No person is required to file more than one 2004 statement with the Ohio Ethics Commission.
- By law, a public agency or appointing authority must notify new employees or appointees of the requirement to file a statement.
- You must file a statement in the calendar year after you leave your public position, because the form reflects information for the previous year's service.

WHAT IS THE FILING DEADLINE?

The filing deadline is **FRIDAY, APRIL 15, 2005**, UNLESS you are a:

Candidate in 2005	You must file no later than 30 days prior to the earliest election, including any primary election, in which you are a candidate. For example, a candidate in the May 3, 2005 primary election must file by April 4, 2005. A person becomes a candidate when he or she is certified by a board of elections for placement on the ballot of any primary, general, or special election. Prior to certification, an individual is not a candidate. Therefore, an incumbent who has not been certified for placement on a ballot by a board of elections must file a statement by April 15, 2005.
Write-in candidate in 2005	You must file no later than 20 days prior to the earliest election, including any primary election, in which you are a candidate. For example, a write-in candidate in the May 3, 2005 primary election must file by April 13, 2005.
Appointee in 2005 to a vacancy for an unexpired term of elected office	You must file within 15 days after you qualify for office. A person qualifies for office when he or she is sworn in.
Public college or university trustee appointed after February 15, 2005	You must file within 90 days of your appointment date. (If you were appointed between January 1 and February 15, 2005, your deadline is April 15, 2005.)

The Ohio Ethics Commission must receive the statement, or the statement must have a U.S. postmark, by the deadline. Faxed statements are not accepted.

GENERAL INFORMATION (continued)

WHAT ARE THE FILING FEES AND PENALTIES?

Each filer must pay a filing fee based on public position. Filing fees are listed on page 10.
Checks should be made payable to "Ohio Ethics Commission." **DO NOT SEND CASH.**

There are penalties if you do not file your complete, factual statement by the applicable deadline.
Late filing fee: \$10 for each day the statement is late (\$250 maximum).
Any person who fails to file a statement or who files a false statement may be subject to criminal prosecution.

WHAT QUESTIONS MUST I ANSWER?

You are required to answer all of the questions that are listed next to the position for which you are filing, regardless of whether you are a candidate, an appointee, an employee, or an officeholder. If you omit the answer to any question that you are **required** to complete, the statement is incomplete under the law and will be returned to you for completion. If you hold more than one public position for which you are required to file a statement, and need assistance in completing the statement, please contact the Ohio Ethics Commission.

PUBLIC POSITION	QUESTIONS TO BE ANSWERED														
Governor, Lieutenant Governor, Attorney General, Auditor, Secretary of State, Treasurer, Member of State Board of Education, including candidates and appointees	1	2	3	4	5	6	7	8	9	10				13	14
County or city elected office with a salary of \$16,000/year or more, including candidates and appointees	1	2	3	4	5	6	7	8	9	10					14
City elected office with a salary of less than \$16,000/year, including candidates and appointees					5	6	7	8	9	10	11	12			14
School board or governing board in a school district or educational service center with a total student count of 12,000 or more, including candidates and appointees					5	6	7	8	9	10	11	12			14
Public college or university trustee					5	6	7	8	9	10	11	12			14
Judicial office, including magistrates, candidates, and appointees	1	2	3	4	5	6	7	8	9	10					14
Member, Board of Directors of Sanitary District composed in accordance with R.C. 6115.103					5	6	7	8	9	10	11	12			14

WHERE DO I SEND MY COMPLETED FORM?

Most public officials and employees, including most candidates and appointees, file with:

OHIO ETHICS COMMISSION

8 East Long Street, 10th Floor
Columbus, OH 43215-2940
Telephone: (614) 466-7090

Judges, magistrates, and candidates for and appointees to judicial offices, file with:

SUPREME COURT OF OHIO
Board of Commissioners on Grievances
and Discipline
65 South Front Street, 5th Floor
Columbus, OH 43215

Telephone: (614) 387-9370 or (888) 664-8345

Answer every required question. If the answer to any required question is omitted, the statement is incomplete under the law, and **will be returned to you for completion.** When you have nothing to list in a given required question, check the box indicating that you have nothing to list. You may be required to list the same information under more than one question. If you need more space to fully answer any question, attach additional sheets, with your name and the applicable question number(s) on each sheet.

I. INCOME: List every source of income, of any amount, that you received in 2004. Following each source of income, briefly describe the services for which the income was received. **Remember to list your employment as a source of income.** "Income" includes gross income for federal income tax purposes, and interest and dividends on all governmental securities. Income also includes sources of income received by another person for your use or benefit. *You are not required to list the sources of income of your spouse, unless the income was received specifically 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. You are not required to disclose the amount of income you received from a particular source, including income from clients and patients, except in the following situations:*

- (1) Income you received from a person or entity that is doing or seeking to do business with the public agency you serve (such as listed in example F below **); or
- (2) 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 Joint Legislative Ethics Committee (JLEC).*

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 or contact the Ohio Ethics Commission for more information.

EXAMPLE:

SOURCE OF INCOME	Service Provided	Amount** (Amount of income must be listed in two situations. See explanation above.)
A Your Public Employer	Your position	
B Smith & Jones Co., L.P.A.	Private law practice	
C Aggressive Growth Fund	Mutual fund	
D Johnson Brokerage Firm	CD and money market interest	
E ABC Pension Fund	Retirement	
F XYZ Corporation	Stock dividends	\$45.00 (see above **)
G Friendly National Bank	Interest on savings account	

I HAVE NO SOURCES OF INCOME.

SOURCE OF INCOME	Service Provided	Amount** (Amount of income must be listed in two situations. See explanation above.)
A Franklin County	Treasurer	
B Capital University (spouse)	Law Professor	
C Bank One	interest on savings account	\$644
D Huntington Bank	interest on savings account	\$174
E Kirkland & Ellis	law practice	
F U.S. Justice Department	law practice	
G Massachusetts Mutual	dividend	
H Vanguard	dividends + capital gains	
I Edward Jones	coupon interest	

Question #1 (continued)

INCOME

	SOURCE	SERVICE	AMOUNT
J.	Janus	dividends	
K.	Legg Mason	dividends	\$5,641
L.	Manly Burke	law practice	
M.	Central Garden	law practice	

Question #7 (continued)

INVESTMENTS

	CORPORATION	NATURE OF INVESTMENT
M.	McDonald Investments	mutual fund
N.	AIG	annuity
O.	American Century Funds	IRA
P.	Fidelity Investments	IRA
Q.	Legg Mason	mutual fund + IRA
R.	TIAA/CREF	retirement fund
S.	Catholic Social Services	Board of Trustees member

2. GIFTS: List each source of gifts of over seventy-five dollars (\$75) received by you in your own name or by any other person for your use or benefit in 2004. You are required to list each source of gifts totaling more than \$75. If the source of a gift valued at over \$75 is a group of persons, you are required to disclose the group as the source of the gift.

EXAMPLE: You are a state or local official, and you received a gift valued at \$100 from your staff. You must list the staff as the source of the gift.

EXAMPLE: You received two gifts, each valued at \$60, during the year from the same person. You must disclose this person as the source of gifts totaling more than \$75.

You are not required to list the nature of the gift. You are not required to list gifts that were received in 2004: (1) By will or by inheritance; (2) By distribution from a trust established by a spouse or ancestor; or (3) From your 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.

I HAVE NO SOURCES OF GIFTS THAT I AM REQUIRED TO LIST.

SOURCE OF GIFTS	
A	F
B	G
C	H
D	I
E	J

3. MEALS, FOOD, OR BEVERAGES: 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 in 2004. Remember to list the public agency you serve if it was the source of expense payments or reimbursements for meals, food, or beverages totaling over \$100 during the year.

You are not required to list any party that provided meals, food, or beverages to you: (1) In connection with a meeting at which you participated in a panel, seminar, or speaking engagement; (2) At a meeting or convention of a national or state organization to which any state agency, legislative agency, state institution of higher education, political subdivision, or office or agency of a political subdivision, pays membership dues; or (3) Which you list under Question #4 as travel expenses paid by your public agency.

I HAVE NO SOURCES OF MEALS, FOOD, OR BEVERAGES THAT I AM REQUIRED TO LIST.

SOURCE OF MEALS, FOOD, OR BEVERAGES	
A	G
B	H
C	I
D	J
E	K
F	L

4. TRAVEL EXPENSES: List the source and amount of every payment of travel expenses received in 2004. 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 list every payment or reimbursement for travel **both** inside and outside of Ohio. You must also list travel payments or reimbursements made to you, or on your behalf, by the public agency with which you are connected. Each source and amount of expenses must be disclosed separately, even if one source provided more than one payment.

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 list **every payment** of travel expenses from your public agency as required by law. *You are not required to list the payment of travel expenses if the travel was in connection with a meeting or convention of a national or state organization to which any state agency, legislative agency, state institution of higher education, political subdivision, or office or agency of a political subdivision, pays membership dues.*

EXAMPLE: You received four travel expense payments from your public agency during 2004. You must disclose the name of your agency and the amount of each payment as four separate entries.

I HAVE NO SOURCES OF TRAVEL EXPENSES THAT I AM REQUIRED TO LIST.

SOURCE OF TRAVEL EXPENSES	Amount of Travel Expenses
A	
B	
C	
D	
E	

5. IMMEDIATE FAMILY MEMBERS: List the names of the members of your immediate family. "Immediate family" is defined as your spouse residing in your household and any dependent children.

I HAVE NO FAMILY MEMBERS THAT I AM REQUIRED TO LIST.

IMMEDIATE FAMILY MEMBERS	
A Margaret M. Cordray (spouse)	C Holly E. Cordray (daughter)
B Daniel A. Cordray (son)	D

6. BUSINESS NAMES: List the names under which you or members of your immediate family do business. Examples would include businesses in which you or your family members are an owner or a partner; a closely held corporation in which you or your family members are a significant shareholder; and, any other businesses in which you or your family members are sole proprietors or otherwise self-employed.

EXAMPLE: Your spouse, who resides with you, owns an accounting firm called Accurate Accounting. You should list "Accurate Accounting," as a name under which a member of your immediate family does business.

THERE ARE NO BUSINESS NAMES THAT I AM REQUIRED TO LIST.

BUSINESS NAMES	
A	C
B	D

7. INVESTMENTS AND FIDUCIARY INTERESTS: 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:

- (1) In which you or any other person for your use or benefit had an investment of more than one thousand dollars (\$1,000) during 2004 (at fair market value as of December 31, 2004, or the date of disposition, whichever is earlier). Include all investments even if they also constitute a source of income; or
- (2) In which you held an office or had a fiduciary relationship during 2004 (regardless of monetary investment, including holding office in a not-for-profit corporation).

For each listing, give a brief description of the investment, office, or relationship. *You do not have to list accounts with banks, building and loan associations, savings and loan associations, or credit unions, if the accounts are deposit or withdrawable share accounts. You are not required to disclose personal identifying information, such as your social security number, credit card numbers, or bank account numbers. If you choose to do so, this information may become public record.*

EXAMPLE:

	CORPORATION, ETC.	<i>Nature of Investment, Office, etc.</i>
A	XYZ Corporation	Common Stock
B	Aggressive Growth Fund	Mutual Fund
C	Johnson Brokerage Firm	Certificate of Deposit
D	Johnson Brokerage Firm	Money Market Account
E	Solidarity Fund	Deferred Compensation Mutual Fund
F	Federated Investment Corp.	Individual Retirement Account
G	Municipality Bond Fund	Tax Deferred Mutual Fund
H	Top Investment Company	401(k) Account
I	ABC Enterprises	President, Board of Directors
J	Smith & Jones Co., L.P.A.	Partner
K	Smith Cleaning Company	Member, Board of Directors
L	Smith Family Trust	Trustee
M	United Community Chest	Board Member

I HAVE NO INVESTMENTS OR FIDUCIARY INTERESTS THAT I AM REQUIRED TO LIST.

	CORPORATION, ETC. Please use one line for each investment/office. Attach additional sheets as needed.	<i>Nature of Investment, Office, etc.</i>
A	Key Bank	IRA
B	Columbia Fund	IRA
C	PERS	deferred compensation mutual fund
D	Edward Jones	municipal bonds
E	Gabelli Funds	mutual fund
F	AIM Invesco Funds	mutual fund
G	Northwestern Mutual	life insurance policies
H	Massachusetts Mutual	life insurance policy
I	Bank One	savings accounts
J	Huntington Bank	savings account + bond fund
K	Vanguard Funds	mutual funds
L	Janus Funds	mutual funds

8. 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 2004, more than **one thousand dollars (\$1,000)** in your own name or in the name of any other person. Include auto loans, credit card accounts, and all other accounts if the balance has exceeded \$1,000 at any time during 2004, **even if no balance is currently outstanding.** *You do not have to list debts on your residence or real estate used primarily for personal recreation, or debts resulting from the ordinary conduct of a business or profession. You are not required to disclose personal identifying information, such as your social security number, credit card numbers, or bank account numbers. If you choose to do so, this information may become public record.*

I HAVE NO CREDITORS THAT I AM REQUIRED TO LIST.

CREDITORS	
A U.S. Bank (credit card)	F
B	G
C	H
D	I
E	J

9. DEBTORS: List the names of all of your debtors residing or transacting business in Ohio who owe you, or owed you at any time during calendar year 2004, more than **one thousand dollars (\$1,000)** in your own name or in the name of any other person for your use or benefit. *You are not required to list: (1) Banks, building and loan associations, savings and loan associations, or credit unions as debtors 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; (2) The names of persons indebted to you if the debt results from the ordinary conduct of your business or profession; or (3) The names of your clients or patients, if you are an attorney, a doctor, or a psychologist. You are not required to disclose personal identifying information, such as your social security number, credit card numbers, or bank account numbers. If you choose to do so, this information may become public record.*

I HAVE NO DEBTORS THAT I AM REQUIRED TO LIST.

DEBTORS	
A	C
B	D

10. REAL ESTATE: List all of your leasehold and ownership interests in land or real estate located in Ohio. List by address or, if address is unavailable, legal description and county. *You are not required to list your personal residence or any real estate used primarily for personal recreation.*

I HAVE NO REAL ESTATE THAT I AM REQUIRED TO LIST.

REAL ESTATE (List land by address or, if address is unavailable, legal description and county)
A
B
C

11. INCOME: List every source of income from which you received more than five hundred dollars (\$500) during 2004, exclusive of reasonable expenses. Following each source of income, briefly describe the services for which the income was received. Remember to list your employment as a source of income. "Income" includes gross income for federal income tax purposes, and interest and dividends on all governmental securities. Income also includes sources of income received by another person for your use or benefit. You are not required to list: (1) Dollar amounts; (2) The sources of income of your spouse, unless the income was received specifically for your use or benefit; or (3) Individual accounts, clients, patients, or customers of a business or profession. You are only required to list the source of the income, such as the name of the business or practice.

EXAMPLE:

SOURCE OF INCOME	Service Provided
A Your Public Employer	Your position
B Smith & Jones Co., L.P.A.	Private law practice
C Aggressive Growth Fund	Mutual fund
D Johnson Brokerage Firm	CD and money market interest
E ABC Pension Fund	Retirement
F XYZ Corporation	Stock dividends
G Friendly National Bank	Interest on savings account

I HAVE NO SOURCES OF INCOME OVER \$500.

SOURCE OF INCOME OVER \$500	Service provided
A	
B	
C	
D	
E	
F	

12. GIFTS: List each source of gifts of over five hundred dollars (\$500) received by you in your own name or by any other person for your use or benefit in 2004. You are required to list each source of gifts totaling more than \$500. If the source of a gift valued at over \$500 is a group of persons, you are required to disclose the group as the source of the gift.

EXAMPLE: You received a gift valued at \$550 from the executive staff of the private company you own, named "EFG." You must list "EFG executive staff" as the source of the gift.

You are not required to list the nature of the gift. You are not required to list gifts that were received in 2004: (1) By will or by inheritance; (2) By distribution from a trust established by a spouse or ancestor; or (3) From your 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.

I HAVE NO SOURCES OF GIFTS THAT I AM REQUIRED TO LIST.

SOURCE OF GIFTS	
A	D
B	E
C	F

13. 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, attach a copy of the statement or list the non-disputed information below. *If you have any questions about these provisions, please see R.C. 101.70 for the definitions of "legislative agent" and "employer," and R.C. 121.60 for the definitions of "executive agency lobbyist" and "employer," or contact the staff of the Joint Legislative Ethics Committee--(614) 728-5100.*

I HAVE NO NON-DISPUTED INFORMATION THAT I AM REQUIRED TO LIST.

NON-DISPUTED INFORMATION
A
B

14. SIGNATURE: By signing below, 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 my correct mailing address.

By signing below, I also 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 Revised Code, punishable by a fine of not more than \$1,000, imprisonment of not more than six months, or both. I also 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.

By signing below, I further acknowledge that I served in one of the following positions in 2004 or 2005 or that I am a certified candidate for one of the following positions in 2005 (please check appropriate box):

- State elected office. My \$65.00 filing fee is enclosed.
- State Board of Education. My \$25.00 filing fee is enclosed.
- County elected office. My \$40.00 filing fee is enclosed.
- City elected office. My \$25.00 filing fee is enclosed.
- School district board of education or educational service center governing board with a total student count of 12,000 or more. My \$20.00 filing fee is enclosed.
- Public college or university trustee. My public agency is required to pay my \$40.00 filing fee.
- Judge or magistrate. I am not required to pay a filing fee because the ethics agency that oversees judges (the Board of Commissioners) is supported by the biennial registration fees judges pay.
- Member, Board of Directors of Sanitary District. My \$40.00 filing fee is enclosed.
- Voluntary filer. My \$40.00 filing fee is enclosed.

Before signing this statement, check every required question to make certain you have listed the necessary information. If you have nothing to list in a given required question, be sure to check the appropriate box. If a response to any required question is omitted, the statement is incomplete under the law and will be returned to you. Once filed, most statements become public record (some statements are confidential by law) and subject to any public records request. **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 penalty.**

If you have any questions before signing this form, please contact the Ohio Ethics Commission at (614) 466-7090. Judges and other court officials should contact the Board of Commissioners at (614) 387-9370 or (888) 664-8345.

YOUR SIGNATURE IS REQUIRED Richard Conway Date April 12, 2005

SEE PAGE 3 FOR DETAILS ON WHERE TO FILE THIS STATEMENT.



FOR OFFICE USE ONLY REVIEWED BY SM

COMPLETE INCOMPLETE QUESTIONS: _____

DATE FORM RETURNED TO FILER: ____/____/____

DATE COMPLETED FORM RECEIVED AT OHIO ETHICS COMMISSION: ____/____/____