

FILED
APR - 1 2010



**OHIO ETHICS COMMISSION
FINANCIAL DISCLOSURE STATEMENT**
Please type or print clearly in blue or black ink. This statement is to be filed in 2010 For the calendar year of 2009

I. PERSONAL CONTACT INFORMATION: All filers should provide the following information. Please check the box next to your preferred mailing address.

| | | | | |
|---|--|----------------------|--|---------------------|
| Name (Last) CORDRAY | First RICHARD | Middle A | For office use only: <input type="checkbox"/> nc <input checked="" type="checkbox"/> wi <input type="checkbox"/> io | |
| Current Employer Name <i>Ohio Attorney General</i> | | | | |
| <input type="checkbox"/> Employer Street Address <i>30 East Broad Street, 17th Floor</i> | City <i>Columbus</i> | State <i>Ohio</i> | | Zip <i>43215</i> |
| County <i>Franklin</i> | Employer Telephone Number (<i>614</i>) <i>728-2313</i> | | | |

II. PUBLIC SERVICE—All filers should complete the relevant portions of this section.

A. PUBLIC AGENCY OR POLITICAL SUBDIVISION: I am filing this statement because I serve with, or am a candidate to serve with:

Name of Governmental Agency:
OHIO, STATE OF

B. ELECTED OFFICIALS AND CANDIDATES (including appointees to elected office and candidates):

| Office | Salary | Candidate in 2010 | | | | | | |
|---|---|---|-------|-----|------|-----------|-----------|-------------|
| Title of the office in which I serve or for which I am a candidate: <i>Ohio Attorney General</i> | <input type="checkbox"/> Less than \$16,000 <input checked="" type="checkbox"/> \$16,000 or more | Yes <input checked="" type="checkbox"/> Date of first election (primary, special, or general) at which your candidacy will be voted on: <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 15%;">Month</td> <td style="width: 15%;">Day</td> <td style="width: 15%;">Year</td> </tr> <tr> <td style="text-align: center;"><i>05</i></td> <td style="text-align: center;"><i>04</i></td> <td style="text-align: center;"><i>2010</i></td> </tr> </table> | Month | Day | Year | <i>05</i> | <i>04</i> | <i>2010</i> |
| Month | Day | Year | | | | | | |
| <i>05</i> | <i>04</i> | <i>2010</i> | | | | | | |
| <input type="checkbox"/> I was appointed to an unexpired term. | | | | | | | | |

C. EMPLOYEES AND APPOINTEES—My public position is:

| | |
|--|---|
| <input type="checkbox"/> Department Director (or equivalent rank) <input type="checkbox"/> Department Assistant Director (or equivalent rank) <input type="checkbox"/> Department Deputy Director (or equivalent rank) <input type="checkbox"/> Department Division Chief (or equivalent rank) <input type="checkbox"/> Schedule "E-2" or "C" employee (State) <input type="checkbox"/> School Superintendent, Treasurer, Business Manager <input type="checkbox"/> Sanitary District Board Member | <input type="checkbox"/> Board, Commission, or Retirement System Member <input type="checkbox"/> Executive Director or Chief Executive Officer <input type="checkbox"/> College or University Trustee <input type="checkbox"/> College or University President <input type="checkbox"/> Retired Judge Sitting By Assignment <input type="checkbox"/> Court Magistrate <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Other—Title: |
|--|---|

D. DATES OF PUBLIC SERVICE (Candidates do not complete unless already serving in a public position):

| | | | | | | | | | | | | | |
|--|-----------|-------------|------|-----------|-----------|-------------|--|-------|-----|------|-----------|-----------|-------------|
| Start Date: <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 15%;">Month</td> <td style="width: 15%;">Day</td> <td style="width: 20%;">Year</td> </tr> <tr> <td style="text-align: center;"><i>01</i></td> <td style="text-align: center;"><i>08</i></td> <td style="text-align: center;"><i>2009</i></td> </tr> </table> | Month | Day | Year | <i>01</i> | <i>08</i> | <i>2009</i> | End date (if applicable): <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 15%;">Month</td> <td style="width: 15%;">Day</td> <td style="width: 20%;">Year</td> </tr> <tr> <td style="text-align: center;"><i>01</i></td> <td style="text-align: center;"><i>08</i></td> <td style="text-align: center;"><i>2011</i></td> </tr> </table> | Month | Day | Year | <i>01</i> | <i>08</i> | <i>2011</i> |
| Month | Day | Year | | | | | | | | | | | |
| <i>01</i> | <i>08</i> | <i>2009</i> | | | | | | | | | | | |
| Month | Day | Year | | | | | | | | | | | |
| <i>01</i> | <i>08</i> | <i>2011</i> | | | | | | | | | | | |

E. MULTIPLE FILING POSITIONS: Complete if you are required to file a financial disclosure statement for any other public position.

| | |
|--|-------------------------------|
| Public Position: <i>Ohio Attorney General*</i> | Start Date: <i>01/07/2007</i> |
| Public Agency: <i>& Ohio Treasurer</i> | End Date: <i>01/08/2009</i> |

[Multiple filing positions listed on insert within] [also listed those for Ohio Treasurer]*

If you need help completing this form, contact the Ohio Ethics Commission at 614-466-7090. If you are a judicial employee and need help completing this form, contact the Board of Commissioners on Grievances and Discipline at 888-664-8345 or 614-387-9370.

GENERAL INFORMATION

AM I REQUIRED TO FILE THIS FORM?

Yes, if you served at any time in 2009 or 2010, or are a candidate in 2010, for any of these positions:

| STATE LOCAL | ELECTED OFFICES: | APPOINTEES AND EMPLOYEES: |
|--|--|--|
| | <ul style="list-style-type: none"> • Governor • Lieutenant Governor • Attorney General • Auditor • Secretary of State • Treasurer • Justice—Supreme Court of Ohio • Member, State Board of Education (elected or appointed) | <ul style="list-style-type: none"> • Department Director, Assistant Director, Deputy Director, Division Chief (or person of Equivalent Rank) • Member or Chief Executive Officer—State Board or Commission (see list at ethics.ohio.gov) • Member or Chief Executive Officer—Five state retirement systems • Member or designated employee—Ohio Retirement Study Council • State Employee paid under Schedule “E-2” or “C” • Administrator, Director of Investments, and CIO—BWC • Member—Ohio Workers’ Compensation Board of Trustees • Member or President—Public College or University Board of Trustees |
| <ul style="list-style-type: none"> • County Elected Office • City Elected Office • Judge • Member—School District Board of Education or Educational Service Center (ESC) governing board with a total student count of 12,000 or more (see list at ethics.ohio.gov) | <ul style="list-style-type: none"> • Superintendent—School District or ESC • Treasurer—School District or ESC • Business Manager—School District or ESC • Member—Municipal School District Board of Education (Cleveland Metropolitan School District) • Magistrate | |

CANDIDATES: This is a personal Financial Disclosure Statement (FDS) that must be filed with the Ohio Ethics Commission *before* the election. Judicial candidates must file with the Board of Commissioners on Grievances and Discipline. You must file regardless of whether you spend money on your campaign. This form is not the same as the campaign finance report listing campaign contributions and expenditures that is filed with the Secretary of State or County Board of Elections.

WHY MUST I FILE?

- Filing is required by law – R.C. 102.02.
- Filing is part of the responsibility of choosing to hold or compete for public office or employment.
- Disclosure assists public servants to identify potential conflicts of interest.
- Disclosure allows citizens to become aware of potential conflicts of interest and increases confidence in government integrity and openness.
- Disclosure itself does not constitute compliance with the law. A filer may be prohibited from accepting a particular item even if he or she discloses the source as required.

HOW OFTEN MUST I FILE? WHAT TIME PERIOD IS COVERED?

- Financial disclosure is an annual requirement.
- No person is required to file more than one Financial Disclosure Statement for any one calendar year.
- Each FDS contains a complete calendar year of financial information.
Example: A candidate in 2010 is required to file a statement for 2009—the last year with a complete calendar year of financial information—even though he or she was not a candidate in 2009.
- A person who leaves a filing position must file a statement in the year after leaving the position and to disclose financial information for his or her last year of public service.
Example: A state employee who retires in June 2009 must file a statement in 2010 disclosing financial information for the complete 2009 *calendar year*.

WHAT IS MY FILING DEADLINE?

| | | | | | | | |
|---|--|---|-----------------|------------------------------|---------------------------|------------------------------|---|
| <p>Candidate in 2010</p> <p>(A person becomes a candidate when his or her name has been certified to the ballot)</p> | <p>Thirty (30) days before the <i>earliest</i> primary, special, or general election where your name will appear on the ballot. For example:</p> <table border="0"> <tr> <td style="text-align: center;"><u>First Election</u></td> <td style="text-align: center;"><u>Deadline</u></td> </tr> <tr> <td>May 4 Primary</td> <td>Monday, April 5, 2010</td> </tr> <tr> <td>November 2 General</td> <td>Monday, October 4, 2010</td> </tr> </table> | <u>First Election</u> | <u>Deadline</u> | May 4 Primary | Monday, April 5, 2010 | November 2 General | Monday, October 4, 2010 |
| <u>First Election</u> | <u>Deadline</u> | | | | | | |
| May 4 Primary | Monday, April 5, 2010 | | | | | | |
| November 2 General | Monday, October 4, 2010 | | | | | | |
| <p>Write-in Candidate in 2010</p> | <p>Twenty (20) days before the <i>earliest</i> primary, special, or general election in which you are a candidate. For example:</p> <table border="0"> <tr> <td style="text-align: center;"><u>First Election</u></td> <td style="text-align: center;"><u>Deadline</u></td> </tr> <tr> <td>May 4 Primary</td> <td>Wednesday, April 14, 2010</td> </tr> <tr> <td>November 2 General</td> <td>Wednesday, October 13, 2010</td> </tr> </table> | <u>First Election</u> | <u>Deadline</u> | May 4 Primary | Wednesday, April 14, 2010 | November 2 General | Wednesday, October 13, 2010 |
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| May 4 Primary | Wednesday, April 14, 2010 | | | | | | |
| November 2 General | Wednesday, October 13, 2010 | | | | | | |
| <p>Appointee to a vacancy for an unexpired term of elected office in 2010</p> | <p>Within fifteen (15) days after qualifying for office. A person qualifies for office when he or she is sworn in to the office.</p> | | | | | | |
| <p>Any other person appointed, promoted, or employed to a filing position during 2010</p> | <table border="0"> <tr> <td style="text-align: center;"><u>Employment, Promotion, or Appointment Date in 2010</u></td> <td style="text-align: center;"><u>Deadline</u></td> </tr> <tr> <td>Before February 15</td> <td>Thursday, April 15, 2010</td> </tr> <tr> <td>After February 15</td> <td>Within ninety (90) days of employment, promotion or appointment</td> </tr> </table> | <u>Employment, Promotion, or Appointment Date in 2010</u> | <u>Deadline</u> | Before February 15 | Thursday, April 15, 2010 | After February 15 | Within ninety (90) days of employment, promotion or appointment |
| <u>Employment, Promotion, or Appointment Date in 2010</u> | <u>Deadline</u> | | | | | | |
| Before February 15 | Thursday, April 15, 2010 | | | | | | |
| After February 15 | Within ninety (90) days of employment, promotion or appointment | | | | | | |
| <p>ALL OTHERS</p> | <p>THURSDAY, APRIL 15, 2010</p> | | | | | | |

The Ohio Ethics Commission must receive the statement, or the statement must have a U.S. postmark or date from a commercial delivery service, by the deadline. Faxed statements cannot be accepted.

WHAT ARE THE FILING FEES?

Each filer must pay a filing fee based on the public position for which he or she is filing:

| <u>PUBLIC POSITION</u> | <u>FILING FEE</u> |
|---|-------------------|
| State Elected Office or Candidate | \$65.00 |
| State Board of Education (Elected or Appointed) | \$25.00 |
| State Official or Employee (including board/commission member)* | \$40.00 |
| Public College or University Trustee or President* | \$40.00 |
| County Elected Office or Candidate | \$40.00 |
| City Elected Office or Candidate | \$25.00 |
| School District Board of Education | \$20.00 |
| Educational Service Center Governing Board | \$20.00 |
| School District or ESC Superintendent, Treasurer, or Business Manager | \$20.00 |
| Sanitary Board of Directors Member | \$40.00 |
| Voluntary Filer | \$40.00 |

Judges or magistrates are not required to pay filing fees because the agency that oversees judges is supported by the biennial registration fees judges pay.

* The law requires the public agencies for these public officials to pay their filing fees.

WHAT ARE THE PENALTIES?

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

WHAT QUESTIONS MUST I ANSWER?

Each filer must answer the questions listed next to the public position for which he or she is filing:

| PUBLIC POSITION (Including candidates and appointees) | QUESTIONS |
|---|---|
| <ul style="list-style-type: none"> • State Elected Official • Member, State Board of Education • Member, State Board or Commission • State Employee | Questions 3 through 14 (Pgs. 6-12) |
| <ul style="list-style-type: none"> • County or city elected official with a salary of \$16,000/year or more • Public College or University President • Judicial Official, including magistrates | Questions 3 through 12 and 14 (Pgs. 6-12) |
| <ul style="list-style-type: none"> • City elected officer with a salary of less than \$16,000/year • School board or governing board in a district or ESC with a total student count of 12,000 or more • Public College or University Trustee • Member, Board of Directors of Sanitary District | Questions 1 through 8 and 14 (Pgs. 5-9 and 12) |
| <ul style="list-style-type: none"> • Member, General Assembly or Legislative Employee | Please contact JLEC to obtain the correct form—(614) 728-5100 |

IS THIS STATEMENT A PUBLIC RECORD?

- Yes, the statements filed by most public officials and employees are public records, except:
- For those required to file a confidential statement; please remember that any portions of the statement that reflect the potential for conflict of interest are public records.
- For your own security, please do **not disclose** the following with your financial disclosure statement:
 - ◆ Social Security Number;
 - ◆ Credit card, bank account, or other financial account numbers; or
 - ◆ IRS or other records (including tax returns and investment statements) that show this information.

WHERE DO I SEND MY COMPLETED STATEMENT AND/OR GET HELP?

| | |
|---|---|
| <p>Most public officials and employees, including most candidates and appointees:</p> <p><u>PLEASE NOTE OUR NEW ADDRESS!</u> OHIO ETHICS COMMISSION William Green Building 30 West Spring St. Columbus, Ohio 43215-2256 (614) 466-7090 www.ethics.ohio.gov</p> | <p>Judges, magistrates, and candidates for and appointees to judicial offices:</p> <p>SUPREME COURT OF OHIO Board of Commissioners on Grievances and Discipline 65 South Front Street, 5th Floor Columbus, Ohio 43215 (888) 664-8345 or (614) 387-9370 www.supremecourt.ohio.gov/BOARDS/BOC</p> |
| <p>FREQUENTLY ASKED QUESTIONS: www.ethics.ohio.gov/FDS_faq.html</p> | |

Answer every required question. If any required question is unanswered, the statement is incomplete under the law and will be returned. If you have nothing to list, 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.

1. INCOME: List every source from which you received income valued at over five hundred dollars (\$500) during 2009. Remember to list your employer as a source of income. Following each source of income, briefly describe the services you provided in return for the 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. If you are the beneficiary of a trust, and you or the trust received income in 2009, you must disclose the trust and sources of income to the trust.

You are *not* required to disclose:

- **Spouse’s Income:** You are **not required** to disclose spouse’s income, unless earned specifically for your use or benefit.
- **Clients or Customers:** You are **not required** to disclose the individual names of your clients, patients, or customers of a business or practice, just the business or practice that was the source of income to you.

EXAMPLES:

| SOURCE OF INCOME | <i>Service Provided</i> |
|------------------------------------|---|
| A Your Public Employer | Your position |
| B Smith & Jones Co., L.P.A. | Private law practice |
| C Aggressive Growth Fund | Mutual fund |
| D Grady Corporation | Stockholding (Henson Brokerage Account) |
| E ABC Pension Fund | Retirement |
| F XYZ Corporation | Stock dividends |
| G Friendly National Bank | Interest on savings account |
| H Smith Family Trust | Income received from trust |
| I MNO Corporation | Investment dividends paid to trust |

I HAVE NO SOURCES OF INCOME OVER \$500.

| <i>SOURCE OF INCOME OVER \$500</i> | <i>Service provided</i> |
|---|--------------------------------|
| A | |
| B | |
| C | |
| D | |
| E | |
| F | |
| G | |
| H | |
| I | |

If you need more space to fully answer the question, please attach additional sheet(s), with your name and the question number on the sheet.

2. GIFTS: List each **source** of a gift or multiple gifts valued at over **five hundred dollars (\$500)** received by you in your own name or by any other person for your use or benefit in 2009. 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.

You are not required to disclose:

- The nature of the gift;
- Gifts from most family members (spouse, parents, grandparents, children, grandchildren, siblings, nephews, nieces, uncles, aunts, brothers- or sisters-in-law, sons- or daughters-in-law, parents-in-law) or from any person to whom you stand in the place of a parent;
- Gifts received by will or inheritance; or
- Gifts received by distribution from a trust established by a spouse or ancestor.

EXAMPLES:

- a. You received a \$550 gift certificate from your staff. You must list the staff as the source of a gift valued at over \$500.
- b. You received a membership in a flowers-of-the-month club from a vendor. The value of the membership, based on the Web site for the seller, is \$750. If you do not decline the membership, you must list the vendor as the source of a gift valued at over \$500.
- c. You received a birthday gift and a wedding gift, each valued at \$300, from your former college roommate. The giver does not live in the state and has no connection to your public agency. You must disclose the giver as the source of gifts totaling more than \$500.

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

| | |
|---|---|
| A | D |
| B | E |
| C | F |

3. IMMEDIATE FAMILY MEMBERS: List the names of your spouse (husband or wife) living in your household and any dependent children.

| | |
|---|--|
| HUSBAND OR WIFE LIVING IN HOUSEHOLD: <i>Margaret M. Cordray (wife)</i> | DEPENDENT CHILD: <i>Danny Cordray</i> |
| DEPENDENT CHILD: <i>Holly Cordray</i> | DEPENDENT CHILD: |

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

4. NAMES OF BUSINESSES: If you, your wife or husband living in your household, or any of your dependent children operates a business, list the name of the business.

EXAMPLES:

- a. You are a partner in a business named Smith & Jones. You should list "Smith & Jones."
- b. Your spouse who lives with you owns an accounting firm called Accurate Accounting. You should list "Accurate Accounting."
- c. Your dependent child mows lawns under a business called Charlie's Lawn Service. You should list "Charlie's Lawn Service."

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

| | |
|---|---|
| A | C |
| B | D |

5(a). INVESTMENTS: List the name of each corporation, trust, business trust, partnership, or association, incorporated or authorized to do business in Ohio, or transacting business in Ohio, in which you or any person for your use or benefit had an investment during 2009. Include investments even if you have also listed them as sources of income. Give a brief description of the nature of the investment.

- You are required to list any entity in which you had an investment valued at over one thousand dollars [\$1,000] (fair market value) as of December 31, 2009, or the date on which you disposed of the investment (whichever is earlier).
- If you are the beneficiary of a trust, you are required to list the trust itself and any holdings in the trust.

You are *not* required to disclose:

- Deposit or withdrawable share accounts (such as checking and savings accounts, and certificates of deposit (CDs)) with banks, building and loan associations, savings and loan associations, or credit unions; or
- Personal identifying information, such as social security or bank account numbers.

EXAMPLES:

| | CORPORATION, ETC. | <i>Nature of Investment</i> |
|---|----------------------------|--|
| A | Aggressive Growth Fund | Mutual Fund |
| B | XYZ Corporation | Common Stock |
| C | 123 Corporation | Stock Held in Investment Account |
| D | Solidarity Fund | Deferred Compensation Mutual Fund |
| E | Federated Investment Corp. | Individual Retirement Account |
| F | Municipality Bond Fund | Tax Deferred Mutual Fund |
| G | Top Investment Company | 401(k) Account |
| H | Smith Family Trust | Beneficiary |
| I | Everyone's Savings Bank | Certificate of Deposit (held by trust) |

I HAVE NO INVESTMENTS THAT I AM REQUIRED TO LIST.

| | CORPORATION, ETC. Attach additional sheets as needed. | <i>Nature of Investment</i> |
|---|---|--|
| A | Key Bank | IRA |
| B | Columbia Fund | IRA |
| C | PEPS | Deferred Compensation ^[Estate Value Option] mutual fund + _{Retirement} |
| D | Key Banc | municipal bonds mutual fund |
| E | Northwestern Mutual | life insurance policy |
| F | Massachusetts Mutual | life insurance policy |
| G | J.P. Morgan Chase | savings + checking accounts |
| H | Fifth Third | savings accounts |
| I | Huntington Bank | bond fund |
| J | Vanguard Funds | mutual funds |
| K | Janus Funds | mutual funds |

If you need more space to fully answer the question, please attach additional sheet(s), with your name and the question number on the sheet.

5(b). OFFICES AND FIDUCIARY RELATIONSHIPS: List the names of each corporation, trust, business trust, partnership, or association, incorporated or authorized to do business in Ohio, or transacting business in Ohio, in which you held an office or had a fiduciary relationship during 2009. Include any non-profit organization you serve as a board member or trustee.

A person has a "fiduciary relationship" with an entity if he or she has the authority to make decisions in the interest of the entity.

EXAMPLES:

| CORPORATION, ETC. | | Office or Nature of Relationship |
|-------------------|---------------------------|---------------------------------------|
| A | Buckeye Friends Trust | Trustee |
| B | Smith & Jones Co., L.P.A. | Partner |
| C | Smith Cleaning Company | Member, Board of Directors |
| D | United Community Chest | Board Member, Non-profit organization |

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

| CORPORATION, ETC. Attach additional sheets as needed. | Office or Nature of Relationship |
|--|----------------------------------|
| A | |
| B | |
| C | |
| D | |

6. CREDITORS (People or businesses to whom you owe money): List the name of any person or business residing or transacting business in Ohio to whom you owe, or owed, more than one thousand dollars (\$1,000) in your own name or in the name of any other person, during 2009. You must list anyone to whom you owed more than \$1,000 at any time during 2009, even if no balance is currently outstanding.

You are *not required* to disclose any person or business to whom you owed money if:

- The debt is a mortgage, personal credit line, home equity loan, home equity line of credit, or other debt secured on your personal residence or real estate used primarily for personal recreation; or
- The debt results from the ordinary conduct of your business or profession. **Example:** You own a lawn service company and owe money to your supplier of lawn chemicals and equipment. You are not required to disclose the supplier as a creditor because the debt results from the ordinary conduct of your business.

EXAMPLES:

- Lender for your automobile loan.
- Credit card companies.
- Lenders for student loans.
- Personal lender (family member or friend).

I HAVE NO CREDITORS THAT I AM REQUIRED TO LIST.

| | | |
|---|--------------------------------|---|
| A | U.S. Bank (credit card) | E |
| B | Bank of America (credit card) | F |
| C | American Express (credit card) | G |
| D | | H |

Question #5 (continued)

| <u>INVESTMENTS + FIDUCIARY INTERESTS</u> | |
|--|-----------------------------|
| <u>CORPORATION</u> | <u>NATURE OF INVESTMENT</u> |
| L. Legg Mason | mutual funds + IRA |
| M. Huntington/AIG | annuity |
| N. American Century Funds | IRA |
| O. Fidelity Investments | IRA |
| P. TIAA/CREF | retirement fund |

MULTIPLE FILING POSITIONS (as Ohio Treasurer)

1. Agricultural Financing Commission
2. Mine Subsidence Insurance Governing Board
3. Petroleum Underground Storage Tank Release Compensation Board
4. Student Tuition Recovery Authority
5. Board of Deposit
6. Public Facilities Commission
7. Buckeye Tobacco Settlement Financing Authority

Multiple Filing Positions as Ohio Attorney General

Advisory Council of Alcohol and Drug Addictions Services

Central Benefits Health Care Foundation Board

Commissioners of the Sinking Fund

Family Violence Prevention Council

Government Contracting Advisory Council

Governor's Military Activation Task Force

Governor's Veterans Advisory Committee

Medical Mutual of Ohio Charitable Foundation

Ohio Center for Law Related Education

Ohio Council on Victims Services

Ohio Legal Assistance Foundation Board

Ohio Organized Crime Investigations Commission

Ohio Public Facilities Commission

Ohio Trafficking in Persons Study Commission

Reinsurance Commission

State Board of Deposit

State Emergency Response Commission

State Victims Assistance Advisory Board

7. DEBTORS (People or businesses who owe money to you): List the names of any person or business residing or transacting business in Ohio who owes you, or has owed you more than **one thousand dollars (\$1,000)** in your own name or in the name of any other person for your use or benefit during 2009.

You are *not required* to disclose:

- Banks, building and loan associations, savings and loan association, or credit unions as debtors if the only money owed to you is money you deposited with the financial institution;
- The names of people who owe you money as the result of the ordinary conduct of your business or profession; or
- Clients or patients who owe you money if you are a lawyer, doctor, or psychologist.

I HAVE NO DEBTORS THAT I AM REQUIRED TO LIST.

| | |
|---|---|
| A | C |
| B | D |

8. LAND (REAL ESTATE): Excluding your personal residence or property you hold primarily for personal recreation, list all of your leasehold and ownership interests in land or real estate located in Ohio. **EXAMPLE:** If you are a member of a limited liability company, or a partner in a partnership, that owns or leases real property in Ohio, you must disclose the property owned or leased by the company or partnership.

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

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

9. FOOD OR BEVERAGES: List any source of payment of meals, food, or beverages that were: (1) valued at over **one hundred dollars (\$100)**; and (2) received in 2009 in connection with your official duties. Remember to list the public agency you serve if it paid or reimbursed you for the cost of meals, food, or beverages valued at over \$100.

You are *not required* to disclose any person or entity that provided meals food or beverages to you:

- At a meeting where you participated in a panel, seminar, or speaking engagement;
- 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 thereof, pays membership dues; or
- Which you have included under Question #10 as travel expenses paid by your public agency.

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

| | |
|---|---|
| A | D |
| B | E |
| C | F |

10. TRAVEL EXPENSES: List the source and amount of every payment of travel expenses, incurred in connection with your official duties, for travel inside and outside of Ohio, and received in 2009. You must list each payment or reimbursement separately. You must list the source and amount of payments or reimbursements to you, or to any other person for your use or benefit. Examples of travel expenses include lodging, airline tickets, and mileage reimbursements.

EXAMPLE: If your public agency made mileage reimbursements to you twice and paid an airline directly for a plane ticket for you to attend a meeting in another state, you must disclose the agency as a source of travel expenses three times. It is not enough to list the sum total of the amount your agency spent. You must list the amount of each payment or reimbursement separately.

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 or reimbursement of travel expenses from your public agency.

You are not required to disclose any source of travel expenses to you in connection with travel to 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 thereof, pays membership dues.

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

| SOURCE OF TRAVEL EXPENSES | | Amount of Travel Expenses |
|---------------------------|--------------------------------|--------------------------------|
| A | Ohio Attorney General's office | see attached sheets |
| B | | \$339,20 campaign airfare |
| C | Ohio Democratic Party | see attached sheets |
| D | | |

11. SOURCE OF GIFTS: List each source of a gift or multiple gifts valued at over seventy-five dollars (\$75) received by you in your own name or by any other person for your use or benefit in 2009. 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.

You are not required to disclose:

- The nature of the gift;
- Gifts from most family members (spouse, parents, grandparents, children, grandchildren, siblings, nephews, nieces, uncles, aunts, brothers- or sisters-in-law, sons- or daughters-in-law, parents-in-law) or from any person to whom you stand in the place of a parent; or
- Gifts received by will, inheritance, or by distribution from a trust established by a spouse or ancestor.

EXAMPLES:

- You received a \$100 gift certificate from your staff. You must list the staff as the source of a gift valued at over \$75.
- You received a box of gourmet steaks from a vendor. The value of the box, based on the Web site for the seller, is \$250. If you do not return the box of steaks, you must list the vendor as the source of a gift valued at over \$75.
- You received a birthday gift and a wedding gift, each valued at \$60, from a longtime friend. The friend does not live in Ohio and has no connection to your agency. You must disclose your friend as the source of gifts totaling more than \$75.

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

| | | |
|---|---|---|
| A | Andrew + Holly Clubok (overnight stays) | C |
| B | Don Plusquellic + Melissa Bombard (overnight stays) | D |

#10 Travel Expenses

AGO Office Travel 2009

Monday, March 2nd to Tuesday March 3rd – NAAG Spring Conference – Washington DC

Tuesday, June 16th to Wednesday, June 17th – NAAG Summer Conference – Colorado Springs, CO

Wednesday, July 15th to Thursday, July 16th – NAAG AG's Mtg w/ US Departments of Justice & Treasury - RE: Mortgage Enforcement – Washington, DC

Monday, October 5th to Tuesday, October 6th – NAAG Moot Court – Washington, DC

Tuesday, October 6th to Wednesday, October 7th – Speaking Engagement during NAAG Fall Antitrust Program – New York, NY

Monday, October 12th to Tuesday, October 13th – US Supreme Court Case: Spisak – Washington DC

Wednesday, October 21st to Friday, October 23rd – "State Financial & Legal Officials Panel Discussion – New York, NY

Thursday, November 12th, – Federal-State Workshop on Competition and Energy – Washington, DC

Monday, November 30th to Wednesday, December 2nd – NAAG Winter Conference – Phoenix, AZ



RICHARD CORDRAY

OHIO ATTORNEY GENERAL

Employee Payments Report: Calendar Year 2009

Cordray, Richard

| Payment Date | Payee | Payment Amount | Payment Method | Begin Date | End Date | Destination |
|---|--|----------------|----------------|------------|------------|----------------|
| 2/17/2009 | NATIONAL ASSOC OF ATTORNEYS GENERAL | \$495.00 | CHK | 03/02/2009 | 03/03/2009 | WASHINGTON, DC |
| Payment Message RICHARD CORDRAY REG 2009 SPRING MTG WASHINGTON DC 3/2/09 | | | | | | |
| 3/11/2009 | UNIGLOBE PRECISE TRAVEL | \$234.20 | EFT | 03/02/2009 | 03/03/2009 | WASHINGTON, DC |
| Payment Message RICHARD CORDRAY 3/2/09 TO WASHINGTON, DC | | | | | | |
| 6/3/2009 | RICHARD CORDRAY | \$408.61 | EFT | 03/02/2009 | 03/03/2009 | Washington DC |
| Payment Message 3/2, 3/3/09 | | | | | | |

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RICHARD CORDRAY

OHIO ATTORNEY GENERAL

Employee Payments Report: Calendar Year 2009

Cordray, Richard

| Payment Date | Payee | Payment Amount | Payment Method | Begin Date | End Date | Destination |
|--|--|----------------|----------------|------------|------------|-------------------------------|
| 6/22/2009 | UNIGLOBE PRECISE TRAVEL | \$474.40 | EFT | 06/15/2009 | 06/17/2009 | Colorado Springs, Colorado |
| Payment Message RICHARD CORDRAY 6/15/09 COLORADO SPRINGS CO | | | | | | |
| 7/15/2009 | RICHARD CORDRAY | \$590.00 | EFT | 06/15/2008 | 06/17/2009 | Colorado Springs, Colorado |
| Payment Message MEALS, SHUTTLE, PARKING IN DENVER, CO 6/15/09-6/17/09 | | | | | | |
| 7/23/2009 | UNIGLOBE PRECISE TRAVEL | \$181.60 | EFT | 07/15/2009 | 07/16/2009 | Washington DC |
| Payment Message RICHARD CORDRAY 7/15/09 CLEVELAND TO WASHINGTON DC SCHEDULECHANGE AMT | | | | | | |
| 7/23/2009 | NATIONAL ASSOC OF ATTORNEYS GENERAL | \$495.00 | CHK | 06/15/2009 | 06/17/2009 | Colorado Springs, Colorado |
| Payment Message RICHARD CORDRAY NAAG SUMMER MTG COLORADO SPRINGS 6/16/09 | | | | | | |

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RICHARD CORDRAY
OHIO ATTORNEY GENERAL

Employee Payments Report: Calendar Year 2009

Cordray, Richard

| Payment Date | Payee | Payment Amount | Payment Method | Begin Date | End Date | Destination |
|--------------|-------------------------|----------------|----------------|------------|------------|---------------------------------------|
| 7/23/2009 | UNIGLOBE PRECISE TRAVEL | \$55.00 | EFT | 07/15/2009 | 07/16/2009 | Washington DC |
| | Payment Message | | | | | |
| | RICHARD CORDRAY | | | | | WASHINGTON DC TO COLUMBUS |
| 7/30/2009 | UNIGLOBE PRECISE TRAVEL | \$106.20 | EFT | 07/15/2009 | 07/16/2009 | Washington DC |
| | Payment Message | | | | | |
| | RICHARD CORDRAY | | | | | 7/15/09 TO WASHINGTON, DC |
| 7/30/2009 | UNIGLOBE PRECISE TRAVEL | \$114.60 | EFT | 07/15/2009 | 07/16/2009 | Washington DC |
| | Payment Message | | | | | |
| | RICHARD CORDRAY | | | | | 7/16/09 BALTIMORE, MD TO COLUMBUS, OH |
| 8/5/2009 | RICHARD CORDRAY | \$130.00 | EFT | 07/15/2009 | 07/16/2009 | Washington DC |
| | Payment Message | | | | | |
| | TRAVEL | | | | | 7/15 AND 7/16 |

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RICHARD CORDRAY
OHIO ATTORNEY GENERAL

Employee Payments Report: Calendar Year 2009

Cordray, Richard

| Payment Date | Payee | Payment Amount | Payment Method | Begin Date | End Date | Destination |
|--------------|-------------------------|-----------------|------------------|---------------------------|------------|---------------|
| 9/25/2009 | UNIGLOBE PRECISE TRAVEL | \$124.20 | EFT | 10/12/2009 | 10/13/2009 | Washington DC |
| | Payment Message | RICHARD CORDRAY | 10/12 & 10/13/09 | WASHINGTON, DC | | |
| 10/7/2009 | UNIGLOBE PRECISE TRAVEL | \$284.20 | EFT | 10/05/2009 | 10/07/2009 | Washington DC |
| | Payment Message | RICHARD CORDRAY | 10/5/09 | WASHINGTON,DC | | |
| 10/14/2009 | UNIGLOBE PRECISE TRAVEL | \$281.60 | EFT | 10/05/2009 | 10/07/2009 | Washington DC |
| | Payment Message | RICHARD CORDRAY | 10/7/09 | NY TO COLUMBUS, OH | | |
| 10/14/2009 | UNIGLOBE PRECISE TRAVEL | \$133.00 | EFT | 10/05/2009 | 10/07/2009 | Washington DC |
| | Payment Message | RICHARD CORDRAY | 10/6/09 | WASHINGTON DC TO NEW YORK | | |

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RICHARD CORDRAY

OHIO ATTORNEY GENERAL

Employee Payments Report: Calendar Year 2009

Cordray, Richard

| Payment Date | Payee | Payment Amount | Payment Method | Begin Date | End Date | Destination |
|--|-------------------------|----------------|----------------|------------|------------|--------------------|
| 10/20/2009 | UNIGLOBE PRECISE TRAVEL | \$294.20 | EFT | 10/21/2009 | 10/23/2009 | New York, New York |
| Payment Message RICHARD CORDRAY 10/21/09 NEW YORK | | | | | | |
| 11/10/2009 | RICHARD CORDRAY | \$76.00 | EFT | 10/21/2009 | 10/23/2009 | New York, New York |
| Payment Message TRAVEL 10/21 THRU 10/23/09 NEW YORK NY | | | | | | |
| 11/10/2009 | RICHARD CORDRAY | \$140.00 | EFT | 10/12/2009 | 10/13/2009 | Washington DC |
| Payment Message TRAVEL 10/12/09 WASHINGTON DC | | | | | | |
| 11/18/2009 | UNIGLOBE PRECISE TRAVEL | \$83.00 | EFT | 11/12/2009 | 11/12/2009 | Washington DC |
| Payment Message RICHARD CORDRAY 11/10/09 WASHINGTON, DC | | | | | | |

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RICHARD CORDRAY
OHIO ATTORNEY GENERAL

Employee Payments Report: Calendar Year 2009

Cordray, Richard

| Payment Date | Payee | Payment Amount | Payment Method | Begin Date | End Date | Destination |
|--|-------------------------|----------------|----------------|------------|------------|------------------|
| 11/20/2009 | RICHARD CORDRAY | \$286.21 | EFT | 10/05/2009 | 10/07/2009 | Washington DC |
| Payment Message Travel Reimbursement 10/5/2009 through 10/07/2009 | | | | | | |
| 1/19/2010 | UNIGLOBE PRECISE TRAVEL | \$526.30 | EFT | 11/30/2009 | 12/02/2009 | Phoenix, Arizona |
| Payment Message RICHARD CORDRAY - PHOENIX | | | | | | |
| 2/11/2010 | RICHARD CORDRAY | \$54.00 | EFT | 11/12/2009 | 11/12/2009 | Washington DC |
| Payment Message TRAVEL EXPENSES 11/12/2009 | | | | | | |
| 3/31/2010 | RICHARD CORDRAY | \$380.68 | EFT | 11/30/2009 | 12/02/2009 | Phoenix, Arizona |
| Payment Message Travel 11/30/2009 to 12/2/2009 Phoenix Arizona | | | | | | |

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12. INCOME: List every source of income, of any amount, that you received in 2009. Remember to list your employer as a source of income. Following each source of income, briefly describe the services you provided in return for the 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. If you are the beneficiary of a trust, and you or the trust received income in 2009, you must disclose the trust and sources of income to the trust.

You are *not required* to disclose:

- **Spouse’s Income:** You are **not required** to disclose spouse’s income, unless earned specifically for your use or benefit.
- **Amount of Income:** You are **not required** to disclose the **amount** of income you receive from any source, **unless:**
 - (a) The source is doing or seeking to do business with the public agency you serve; or
 - (b) The income is attributable to services or goods provided to a client or customer who is a “legislative agent.” See R.C. 101.70 or contact the Joint Legislative Ethics Committee for a definition of “legislative agent.”

EXAMPLES:

| SOURCE OF INCOME | Service Provided | Amount (disclose only if you meet (a) or (b)) |
|-----------------------------|------------------------------------|---|
| A Your Public Employer | Your position | |
| B Smith & Jones Co., L.P.A. | Private law practice | |
| C Aggressive Growth Fund | Mutual fund | |
| D ABC Pension Fund | Retirement | |
| E XYZ Corporation | Stock dividends | \$45.00 (see (b) above) |
| F 123 Corporation | Dividends on stock held in account | |
| G Friendly National Bank | Interest on savings account | |
| H Smith Family Trust | Income received from trust | |
| I MNO Corporation | Investment dividends paid to trust | |

I HAVE NO SOURCES OF INCOME.

| SOURCE OF INCOME | Service Provided | Amount (disclose only if you meet (a) or (b)) |
|-------------------------------|------------------------------------|---|
| A State of Ohio | Treasurer/Attorney General | |
| B Capital University (spouse) | Law Professor | |
| C J.P. Morgan Chase | interest on accounts | \$13 |
| D Massachusetts Mutual | dividend | |
| E Vanguard | dividend & capital gains | |
| F Huntington | dividends | \$1,184 |
| G Janus | dividends | |
| H Legg Mason | dividends | \$0 |
| I Key | coupon interest on bonds | \$5,513 |
| J AIM Invesco Fund | distribution of proceeds from fund | |

If you need more space to fully answer the question, please attach additional sheet(s), with your name and the question number on the sheet.

13. NON-DISPUTED INFORMATION: If you are a state official or employee, and 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 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--(614) 728-5100.*

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

| |
|---|
| 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 a 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 during 2009 or 2010, I served in, or was a candidate in 2010 for, a filing position(s) listed on page 1.

Before signing this statement, please check to make sure you have answered **every required question**. If you have nothing to list, check the box indicating that you have nothing to list. If a response to any required question is omitted, the statement is incomplete under law and a copy will be returned to you to complete the required information. **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.

YOUR SIGNATURE IS REQUIRED HERE Richard Cordray

Date of Signature 3/29/10

My filing fee is: \$ 65.00
(SEE CHART ON PAGE 3)

- Enclosed (check or money order payable to "Ohio Ethics Commission")
 My public agency is required to pay my filing fee
 I am a judge, magistrate or judicial candidate and am not required to pay a filing fee



| | |
|--|---|
| FOR OFFICE USE ONLY | REVIEWED BY <u>KIC</u> |
| <input checked="" type="checkbox"/> COMPLETE | <input type="checkbox"/> INCOMPLETE QUESTIONS: <u>KIC</u> |
| DATE FORM RETURNED TO FILER _____ / _____ / _____ | |
| DATE COMPLETED FORM RECEIVED AT OHIO ETHICS COMMISSION _____ / _____ / _____ | |