

5/6/20
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Cheney, Barry J



ORANGE COUNTY

ANNUAL STATEMENT OF FINANCIAL DISCLOSURE

(For calendar year 2019)

File with: Orange County Board of Ethics
40 Matthews Street, Suite 101
Goshen, New York 10924
Telephone (845) 291-2462
Email: boardofethics@orangecountygov.com

Filing Deadlines: 1. No later than May 1 of each year;
2. Within 60 days of taking office;
3. Within 7 days after the filing of nominating petitions for
A candidate seeking the office of any elected official for the
County of Orange (*County Executive, District Attorney,
Sheriff, County Clerk or County Legislator*).

(In responding to questions, please refer to the Orange County Department of General Services website for a list of entities doing business with the County of Orange.)

PLEASE BE ADVISED

ALL INDIVIDUALS WHO HAVE BEEN IN THE POSITION OF COUNTY OFFICER, EMPLOYEE OR CONTRACTOR FOR A MINIMUM OF ONE DAY DURING THE PREVIOUS CALENDAR YEAR, EVEN IF THEY NO LONGER HOLD THAT POSITION ARE REQUIRED TO FILE AN ANNUAL DISCLOSURE STATEMENT.

YOU HAVE A CONTINUING DUTY TO MAKE ADDITIONAL DISCLOSURE WHENEVER NEW OR DIFFERENT INFORMATION SUBJECT TO DISCLOSURE IS DISCOVERED.

PLEASE ANSWER ALL QUESTIONS. LEAVE NO RESPONSES BLANK. IF THE ANSWER IS NONE OR N/A, "NONE OR N/A" MUST BE WRITTEN ON THE RESPONSE LINE.

Orange County Board of Ethics

APR 29 2020
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1. Name and Address:

Name BARRY J. CHENEY

Title COUNTY LEGISLATOR, DISTRICT 8

Department or Agency ORANGE COUNTY LEGISLATURE

County Address 255-257 MAIN ST., GOSHEN, NY

County Telephone 845-395-2011 (COUNTY CELL PHONE)

(If none then provide another telephone number where you can be reached during the day).

2. Spouse and Members of Your Household

a. Marital status MARRIED. If married, please give spouse's full name including maiden name where applicable. (See below for definitions).
(If not applicable write "None" or "N/A.")

LYNN ANN CHENEY (KRAMER)
Spouse

b. List the names of all other members of your household other than unemancipated children. *(If not applicable write "None" or "N/A.")*

CAROLYN HALLAHAN

"Spouse" means your husband or wife unless you are living separate and apart with the intention of terminating the marriage or providing for permanent separation or unless separated pursuant to: (a) a judicial order, decree or judgment, or (b) a legally binding separation agreement.

"Family member/member of household" means your spouse, unemancipated child or a person claimed as a dependent on your latest individual or joint state income tax return or unrelated persons who continually or at regular intervals lives in or, in the preceding calendar year, continually or at regular intervals lived in your household.

"Unemancipated child" shall mean any son, daughter, stepson or stepdaughter, under age eighteen, unmarried and living in the household of the reporting individual.

Answer each of the following questions completely, with respect to calendar year 2019, unless another period or date is otherwise specified. If additional space is needed, attach additional pages.

"Calendar year" shall mean the year ending the December 31st preceding the date of filing of the annual statement.

Whenever a "value" or "amount" is required to be reported herein, such value or amount shall be reported as being within one of the following Categories:

- Category A - under \$5,000;
- Category B - \$5,000 to under \$20,000;
- Category C - \$20,000 to under \$60,000;

Category D - \$60,000 to under \$100,000;
 Category E - \$100,000 to under \$250,000; and
 Category F - \$250,000 or over.

Please indicate the Category by letter only.

Whenever, the term "INTEREST" is used it means: a direct or indirect pecuniary or material benefit accruing to a County officer or employee **AS A RESULT OF A CONTRACT WITH THE COUNTY** which such officer or employee serves. A County officer or employee shall be deemed to have an interest in the contract of:

- A. His or her spouse, unemancipated children, dependents, and members of the household except a contract of employment with the County which such officer or employee serves;
- B. A firm, partnership, company, or association of which such officer or employee is a member or employee of;
- C. A corporation of which such officer or employee is an officer, director or employee; and,
- D. A corporation, any stock of which is owned and controlled directly or indirectly by such officer or employee where such officer or employee owns five percent or more of outstanding stock but shall not include any publically traded corporation.

3. Outside Employment

- a. If you were engaged in any outside occupation, employment, trade, business or profession which had a contract with the County of Orange, list the name, address and description of such occupation, employment, trade, business or profession and the name of the County department/agency which had said contract. (If not applicable write "None" or "N/A.")

| Position | Name & Address of Organization | Description | County Department/Agency |
|----------|--|---------------------|---|
| TRUSTEE | VILLAGE OF WARWICK 77 MAIN ST WARWICK NY | ELECTED OFFICIAL | COMMUNITY DEVELOPMENT OC WATER AUTHORITY PUBLIC WORKS |

- b. If your spouse, unemancipated child or a member of your household was engaged in any occupation, employment, trade, business or profession which had a contract with the County of Orange, list the name, address and description of such occupation, employment, trade, business or profession and the name of the County department/agency which had said contract. (If not applicable, write "None" or "N/A").

| Position | Name & Address of Organization | Description | County Department/Agency |
|--|---|--|--|
| CONNECT CARE APPLICATION COORDINATOR | BON SECOURS HEALTH SYSTEM INC 8555 MEZALLAN BLVD RICHMOND, VA | PROVIDES SUPPORT HEALTH SERVICES TO BON SECOURS COMMUNITY HOSPITAL (PT JERVIS) AND ST. ANTHONY COMMUNITY HOSPITAL | UNKNOWN - HOSPITAL SYSTEM IS LISTED AS ACTIVE SUPPLIER |

4. Positions

a. List any office, trusteeship, directorship, partnership, or position of any nature, including honorary positions, and excluding membership positions, whether compensated or not, **HELD BY YOU**, with any firm, corporation, association, partnership, or other organization other than the State of New York or the County of Orange, **which had a contract with the County of Orange**. List the name and address of any such entity and the county department/agency which had said contract. (If not applicable, write "None" or "N/A").

| <u>Position</u> | <u>Name & Address of Organization</u> | <u>County Department/ Agency</u> |
|-----------------|--|---|
| TRUSTEE | VILLAGE OF WARWICK 77 MAIN ST, WARWICK NY | COMMUNITY DEVELOPMENT OC WATER AUTHORITY PUBLIC WORKS |
| | | |
| | | |

b. List any office, trusteeship, directorship, partnership, or position of any nature, including honorary positions, and excluding membership positions, whether compensated or not, **HELD BY YOUR SPOUSE, UNEMANCIPATED CHILD, OR A MEMBER OF YOUR HOUSEHOLD**, with any firm, corporation, association, partnership, or other organization other than the State of New York or the County of Orange, **which had a contract with the County of Orange**. List the name and address of any such entity and the county department/agency which had said contract. (If not applicable, write "None" or "N/A").

| <u>Individual's Name/Relationship</u> | <u>Position</u> | <u>Name & Address Organization</u> | <u>County Department/Agency</u> |
|---------------------------------------|-----------------|--|---------------------------------|
| - NONE - | | | |
| | | | |
| | | | |

5. Financial Benefits from Current/Prior Employers

List employment benefits made on your behalf from your current or a prior employer or other source but only if that entity **had a contract with the County of Orange** as follows:
(If not applicable, write "None" or "N/A")

Any monies in excess of \$1,000 made on your behalf including deferred income, contributions to a pension or retirement fund, profit sharing plan, severance pay, or payments under a buy-out agreement.

_____ Agreements for the continuation of payments or benefits to you in excess of \$1,000. This includes an interest in or contributions to a pension fund or retirement fund, profit-sharing plan, life or health insurance, buy-out agreements, severance agreements, etc.)

| <u>Name and Address of source</u> | <u>Description of Income</u> | <u>Category Value</u> |
|---|------------------------------|-----------------------|
| VILLAGE OF WARWICK 77 MAIN ST, WARWICK, NY | SALARY | B |
| " " | HEALTH INSURANCE | B (ANNUAL) |
| " " | RETIREMENT | A |

(If not applicable, write "None" or "N/A").

6. Investments

Itemize and describe all investments in excess of five percent (5%) of the value in any business, corporation, partnership, or other assets including stocks, bonds, I.R.A.'s, loans, pledge collateral, and other investments, that you, your spouse, unemancipated children or members of your household owned in any entity that had a contract with the County of Orange. (If not applicable, write "None" or "N/A").

| <u>Family Member Name</u> | <u>Name & Address of Business</u> | <u>Description of Investment</u> | <u>Category Value</u> |
|---------------------------|---------------------------------------|----------------------------------|-----------------------|
| — NONE — | | | |

- The definition for each type of investment shall be that as defined by the Internal Revenue Code.

7. Interests in Businesses

List any interests you, your spouse or a member of your household owns as a member or corporation, having an aggregate value of five percent (5%) or more of the stock which is owned or controlled by you, your spouse and a member of your household, combined, in any entity that had a contract with the County of Orange. (If not applicable, write "None" or "N/A").

| <u>Individual's Name</u> | <u>Name & Address of Entity</u> | <u>Description of Ownership Interest</u> | <u>Category Value</u> |
|--------------------------|-------------------------------------|--|-----------------------|
| — NONE — | | | |

8. Other Income

Identify the source and nature of any other income in excess of \$5,000/year from any source not described above, including teaching income, lecture fees, consultant fees, contractual income, or other income of any nature for you, your spouse, unemancipated child or a member of your household from any entity that had a contract with the County of Orange. (If not applicable, write "None" or "N/A").

| <u>Individual's Name</u> | <u>Name & Address of Entity</u> | <u>Description of Income</u> | <u>Category Value</u> |
|--------------------------|-------------------------------------|------------------------------|-----------------------|
| — NONE — | | | |

9. Interests in Contracts

Describe any interest you, your spouse, unemancipated child or a member of your household had in any contract with the County of Orange. Do not include benefits derived from being a county employee, including but limited to union benefits, health insurance coverage, dental, vision coverage deferred compensation and disability benefits. (If not applicable, write "None" or "N/A").

| <u>Individual's Name/Relationship</u> | <u>Name & Address of Entity</u> | <u>Description of Interest</u> | <u>Category Value</u> |
|---------------------------------------|-------------------------------------|--------------------------------|-----------------------|
| — NONE — | | | |

10. Liabilities

List all liabilities that you, your spouse, unemancipated child or a member of your household owed in excess of \$5,000 to any entity that had a contract with the County of Orange. **DO NOT LIST:** (i) debts incurred or made in the ordinary course of trade, business or professional practice, (ii) revolving charge account information that is less than \$5,000 at the time of filing; (iii) obligations to pay maintenance in connection with a matrimonial action, alimony or child support payments; (iv) loans issued in the ordinary course of business by a financial institution to finance educational costs, the cost of home purchase or improvements for a primary or secondary residence, or the purchase of a personally owned vehicle, household furniture or appliances. (If not applicable, write "None" or "N/A").

| <u>Individuals' Name/Relationship</u> | <u>Name of Creditor</u> | <u>Type of Liability</u> | <u>Category Value</u> |
|---------------------------------------|-------------------------|--------------------------|-----------------------|
| ← NONE → | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |

11. State Licenses

a. If you practice law, or are licensed by the department of state as a real estate broker or agent or practice a profession licensed by the department of education, give a general description of the principal subject areas of matters that you handle. In addition, if you practice with a firm or corporation or are a partner or shareholder or member of the firm or corporation, give a general description of the principal subject areas of matters undertaken by such firm or corporation. (If not applicable write "None" or "N/A.")

I AM LICENSED IN NEW YORK AS A PROFESSIONAL ENGINEER.
I EARNED NO INCOME IN 2019 AS A RESULT OF THE LICENSE AND AM
NOT AFFILIATED WITH ANY ENTITY IN THE PRACTICE OF THE
ENGINEERING PROFESSION.

b. Describe any participation you may have had in negotiating a contract on behalf of a client or customer with the County of Orange. List any legal representation you provided in the reporting year which involved the County of Orange, its departments, agencies or its employees. **Do not list** the name of the individual clients, customers or patients. **Do not list** matters brought before the Orange County Family Court or matrimonial, custody, maintenance or support issues that were brought before State Supreme Court or criminal/traffic infractions before a county court or local justice court. (If not applicable, write "None" or "N/A").

→ NONE ←

12. Gifts and Honorariums

List the source of all gifts valued over \$75 received from the same donor, excluding campaign contributions and gifts from relatives, received during the reporting period by you, your spouse, unemancipated child or a member of your household. The term "gifts" includes money, services, travel, lodging, meals, refreshments, entertainment, discount, loans, forbearance or promise, having a monetary value. (If not applicable, write "None" or "N/A").

Individual's Name/Relationship Donor Address Category Value

— NONE —
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.....

County Gift Prohibition: A county officer or employee shall not accept or solicit any gift valued over \$75 from the same donor, nor shall he/she accept or solicit any gift or financial benefit under circumstances in which it could reasonably be inferred that the gift was intended to influence such county officer or employee in the performance of his/her official duties.

13. Third Party Reimbursements

Identify and briefly describe the source of any reimbursements for expenditures, excluding campaign expenditures and expenditures in connection with official duties reimbursed by the County of Orange for which this statement has been filed, in excess of \$1,000 from each such source. The term "reimbursement" includes any travel-related expenses provided by anyone other than the County for activities relating to your official duties such as speaking engagements, conferences, or fact finding events. Attach any written authorizations you received by the County Executive, Chairman of the Legislature or supervisor for the acceptance of this reimbursement. (If not applicable, write "None" or "N/A").

Source Description

— NONE —
.....
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14. Employment/Contracts Relationships with the County

Identify the name and address of any immediate family member or member of your household who has sought or is seeking a contractual relationship with the County of Orange or, who is employed, or is seeking employment within any department or agency of the County. For purposes of responding to this question "immediate family member" shall mean a person related equal to or closer in degree, by blood or marriage, than first cousin. (If not applicable, write "None" or "N/A").

Individual's Name/Relationship Address Nature of Employment/Contractual Relationship

— NONE —
.....
.....
.....
.....

15. Future Employment

Describe the terms of, and the parties to, any contract, promise, or other agreement between you and any person, firm, or corporation with respect to the employment of such individual after leaving office or position (other than a leave of absence). (If not applicable, write "None" or "N/A").

— NONE —

16. Real Property Interests

List the location, size, general nature, acquisition date, market value and percentage of ownership of any real property located in or adjacent to Orange County in which you, your spouse, unemancipated child or a member of your household owned or had an interest in which has a value in excess of \$1,000 which was the subject of a contract with the County of Orange. Do not list any real property which is the primary or secondary residence for you, your spouse or a member of your household's or any real property held in trust for the benefit of a family member, unless such real property is the subject of a contract with the County of Orange. (If not applicable, write "None" or "N/A").

| Individual's Name/Relationship | Location | Size | General Nature | Acquisition Date | Category of FMV | % of Ownership |
|--------------------------------|----------|------|----------------|------------------|-----------------|----------------|
|--------------------------------|----------|------|----------------|------------------|-----------------|----------------|

— NONE —

17. Political Parties

List any position you held as an officer of any political party or political organization, as a member of any political party committee, or as a political party district leader. The term "Party" shall have the same meaning as "party" in N.Y.S. Election law. The term "political organization" includes any independent body or any organization that is affiliated with or a subsidiary of a political party or independent party. (If not applicable, write "None" or "N/A").

ORANGE COUNTY REPUBLICAN COMMITTEE (MEMBER - TOWN OF WARWICK)

18. Voluntary Disclosure

Please disclose any other information you believe may be helpful to the Board of Ethics in determining whether a conflict of interest may exist for you, which has not been identified in responding to paragraphs 1-17 of this disclosure statement.

TO MY KNOWLEDGE THE CONTRACTS MENTIONED IN PRIOR SECTIONS HAVE NOT COME BEFORE THE LEGISLATURE FOR A VOTE. IN THE EVENT A CONTRACT WERE TO COME BEFORE THE LEGISLATURE I WOULD DISCLOSE MY INTEREST AND IF APPROPRIATE RECUSE MYSELF.

The requirements of law relating to the reporting of financial interests are in the public interest and no adverse inference of unethical or illegal conduct or behavior will be drawn merely from compliance with these requirements.

By signing my name and entering the date below, I understand and agree that I am certifying, under penalty of perjury, that I personally completed this Disclosure Form, that I reviewed its entire contents, and that I am affirming the truth of the information contained therein.



Signature of Reporting Individual

4-24-2020
Date (month/day/year)

A reporting individual who knowingly and willfully fails to file an annual statement of financial disclosure or who knowingly and willfully with intent to deceive makes a false statement or gives information which such individual knows to be false on such statement of financial disclosure filed pursuant to Orange County's Ethic's Law shall be subject to a civil penalty in an amount not to exceed ten thousand dollars or referral of a violation to the appropriate prosecutor and upon such conviction, such violation shall be punishable as a class A misdemeanor.