

MASSACHUSETTS STATE ETHICS COMMISSION
 ONE ASHBURTON PLACE – RM 619
 BOSTON MA 02108-1501
 (617) 371-9500

RECEIVED
 STATE ETHICS COMMISSION

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STATEMENT OF FINANCIAL INTERESTS FOR CALENDAR YEAR 2008

Please provide the requested information. As required by G.L. c. 268B, the Financial Disclosure Law, you must answer all questions to the best of your knowledge. If your answer to any question is "none" or if any question is not applicable to you, check "Not Applicable". If extra space is needed to complete a response, attach additional pages, clearly noting to which question the information relates.

1: Reporting Data

Person Reporting:	ROBERT O'LEARY	
Address:	1	
City:		
State:		
Zip:		
Office Phone:	617-722-1570	
Fax Number:	617-722-1271	
Email:	ROBERT.O'LEARY@STATE.MA.US	
Name of spouse residing in your household:		<input checked="" type="checkbox"/> Not Applicable
Name of dependent child(ren) residing in your household:		<input checked="" type="checkbox"/> Not Applicable

2: Candidate: I am a candidate for the following office:

Office:	
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3: Positions Held

This question indicates the reason you are required to file a Statement of Financial Interests and **must be completed**. **If you were recently appointed, you must also complete this question**. Identify each position you held or hold as an ELECTED PUBLIC OFFICIAL or DESIGNATED PUBLIC EMPLOYEE and report AMOUNT of INCOME derived from each position in 2008. If you did not earn any INCOME in this position in 2008, complete the question but check the Income Not Applicable box. For AMOUNT categories see Instructions page 6.

Agency in which you serve(d):	STATE SENATE COMMONWEALTH OF MASS	
Your Position:	STATE SENATOR.	
Start Date:	111 2000.	
End Date if applicable:		
Amount of Income Earned in 2008:	60,000 - 100,000	<input type="checkbox"/> Income Not Applicable for 2008

4: Other Government Position(s)

Identify any other government position(s) held by you or an IMMEDIATE FAMILY MEMBER (spouse or dependent child) in any federal, state, county, district or municipal agency, compensated or uncompensated, full or part-time in 2008.

Not Applicable

Name of Governmental Entity:	CAPE COD COMMUNITY COLLEGE	MASS MARITIME ACADEMY
Position Held:	LECTURER	PART-TIME PROFESSOR
Filer or Immediate Family Member:	FILER	FILER
Income (Filer Only):	9,000	27,000

5: Employment and Other Associations with Businesses and Non-Governmental Entities (Including Non-Profit Organizations)

Identify each BUSINESS with which you or an IMMEDIATE FAMILY MEMBER (spouse or dependent child) were associated in 2008 as an employee, or as a partner, proprietor, officer, director, or in any similar managerial capacity, full or part-time, compensated or uncompensated.

Not Applicable

Name of Business:	
Address:	
Position Held:	
Filer or Immediate Family Member:	
Gross Income (Filer Only):	

6: Business Ownership/Equity

Identify any BUSINESS, the EQUITY of which you and/or an IMMEDIATE FAMILY MEMBER(S) owned more than 1% during 2008.

Not Applicable

Name of Business:	
Address:	
Percent Owned (Filer Only):	

7: Transfer of Ownership/Equity Interests

Identify any EQUITY in a BUSINESS (reported in Question 5 or 6) with which you are associated which you transferred to any IMMEDIATE FAMILY MEMBERS during 2008.

Not Applicable

Name of Business:	
Description of Equity:	
To Whom Transferred:	

8: Leaves of Absence

Identify any BUSINESS with which you (not an IMMEDIATE FAMILY MEMBER) were previously associated and with which you had an understanding in 2008 with regard to employment at any time in the future.

Not Applicable

Name of Business:	
Address:	

9: Gifts

Identify any GIFTS received by you or an IMMEDIATE FAMILY MEMBER during 2008.

Not Applicable

Name of Source:	
Address of Source:	
Affiliation (if applicable):	
Recipient:	
Value (Filer Only):	
Nature of Services or Other Consideration Given in Exchange:	

10: Honoraria

Identify any honoraria received by you or an IMMEDIATE FAMILY MEMBER during 2008.

Not Applicable

Name of Source:	
Address of Source:	
Affiliation (if applicable):	
Recipient:	
Value (Filer Only):	
Nature of Services or Other Consideration Given in Exchange:	

11: Reimbursements

Identify any reimbursements received by you or an IMMEDIATE FAMILY MEMBER during 2008.

Not Applicable

Name of Source:	
Address of Source:	
Affiliation (if applicable):	
Recipient:	
Value (Filer Only):	
Nature of Services or Other Consideration Given in Exchange:	

12: State or Local Government Securities

Identify each security, with a fair market value in excess of \$1,000, issued by the Commonwealth, any public agency or municipality located in the Commonwealth owned by you or an IMMEDIATE FAMILY MEMBER and report any INCOME received by you in 2008 in excess of \$1,000. Please be aware that state employees who own state bonds and county employees who own county bonds may need to file a disclosure of such ownership with the Commission, in addition to disclosure of such ownership here. See Instructions for more information.

Not Applicable

Name of Issuer:	
Description of Security:	
Income (Filer Only):	

13: Securities and Investments

Identify each security, including the Commonwealth's U-Fund, with a fair market value in excess of \$1,000 beneficially owned by you and/or IMMEDIATE FAMILY MEMBERS as of December 31, 2008. To report securities and investments held in trust, see Questions 14, 15 and 16. Any INCOME received by you in 2008 in excess of \$1,000 from securities issued by the Commonwealth or public agency or municipality located in the Commonwealth should be reported in Question 12.

Not Applicable

Name of Issuer:	COMMONWEALTH OF MA.
Description of Security:	RETIREMENT ACCOUNT
Principal Place of Business:	BUSKIN MA.
Owner (Filer or Immediate Family Member):	FILER.

14: Creation of Business and Charitable Trusts

Each of the following Questions (14-21) is concerned with a specific aspect of the interests held by you or an IMMEDIATE FAMILY MEMBER in a trust as of December 31, 2008. Please respond to each Question, including those which do not apply (by checking not applicable). Please review the Instructions which detail what should be disclosed.

 Not Applicable

Name of Trust:	
Address:	
Date Trust Created:	
Name of Grantor(s):	
Trustee(s):	
Beneficiaries:	
Percent of Equity Owned (Filer Only):	
Income (Filer Only):	

15: Business and Charitable Trust Holdings

Respond to this question only if you or an IMMEDIATE FAMILY MEMBER has a beneficial interest. Please disclose the creation of any trust(s) in Question 14 and then disclose the holdings in this Question.

 Not Applicable

Name of Trust:	
Name of Issuer:	
Description of Security:	
Real Estate Holding(s):	

16: Family Trusts

Report all securities and other investments with a fair market value in excess of \$1,000 held in the trust(s) and beneficially owned by you and/or IMMEDIATE FAMILY MEMBERS as of December 31, 2008.

 Not Applicable

Beneficiaries (Filer or Immediate Family Members Only):	
Name of Issuer:	
Description of Security:	
Real Estate Holding(s):	

17: Creation of Realty Trusts

If you or an IMMEDIATE FAMILY MEMBER have a beneficial ownership interest or serve as a trustee in a realty trust, you need to answer this question.

 Not Applicable

Name of Trust:	
Address:	
Date Trust Created:	
Name of Grantor(s):	
Trustee(s):	
Beneficiaries (Filer or Immediate Family Members Only):	
Percent of Equity Owned (Filer Only):	

22: Real Property Owned In Massachusetts

Identify any real property in Massachusetts with an assessed value in excess of \$1,000 in which you and/or an IMMEDIATE FAMILY MEMBER held an interest as of December 31, 2008. Exclude out-of-state primary residence, and properties held for investment or rental purposes. Property held in a realty trust should be reported in Question 18.

Not Applicable

Address:	
Description of Property:	PRIMARY RESIDENCE
Person Holding Interest Record Owner(s):	FILER.
Assessed Value (Filer Only):	750,000

23: Investment and Rental Properties

Identify any real property in Massachusetts or out-of-state including time-sharing arrangements, with an assessed value in excess of \$1,000, held for investment or rental purposes, in which you and/or an IMMEDIATE FAMILY MEMBER had a direct interest or indirect financial interest as of December 31, 2008. Property held in a realty trust should be reported in Question 18. Exclude: properties held chiefly for enjoyment.

Not Applicable

Address:	
Description of Property:	
Person Holding Interest Record Owner(s):	
Assessed Value (Filer Only):	
Net Income (Filer Only):	

24: Real Property Purchases

Identify any real properties in Massachusetts which were purchased or otherwise transferred to you/or an IMMEDIATE FAMILY MEMBER at any time during 2008. Property purchases held in a realty trust should be reported in Question 20.

Not Applicable

Address:	
Description of Property:	
Name and Address of Seller or Transferor:	

25: Real Property Sales

Identify any real properties in Massachusetts which were sold or otherwise transferred from you and/or an IMMEDIATE FAMILY MEMBER at any time during 2008. Property sales held in a realty trust should be reported in Question 21.

Not Applicable

Address:	
Description of Property:	
Name and Address of Purchaser or Transferee:	

18: Realty Trust: Real Property Holdings

Report realty trust property holdings as of December 31, 2008 if you have a beneficial ownership interest in the trust.

 Not Applicable

Name of Trust:	
Address of Property Held in Trust:	
Description of Property Held in Trust:	
Assessed Value (Filer Only) (Massachusetts Property Only):	
Record Owner(s) (Name(s) on Deed):	
Net Income (Filer Only):	

19: Realty Trust: Mortgage Obligations

Report realty trust mortgage obligations, including second mortgage loans, home equity and reverse mortgage loans as of December 31, 2008. If your primary residence is held in trust, report only the address, name and address of creditor, the terms of repayment and the year that the mortgage is due.

 Not Applicable

Address of Property:	
Creditor Name:	
Creditor Address:	
Original Amount Borrowed (Filer Only):	
Amount Owed (Filer Only):	
Terms of Repayment Interest Rate:	
Year Mortgage Due or Terminated:	

20: Trusts: Purchases/Transfers of Property (In Massachusetts Only)

Report all purchases/transfers of any trust property which occurred during 2008.

 Not Applicable

Address of Property:	
Description of Property Held in Trust:	
Name and Address of Seller or Transferor:	

21: Trusts: Sales/Transfers of Property (In Massachusetts Only)

Report all sales/transfers of any trust property which occurred during 2008.

 Not Applicable

Address of Property:	
Description of Property Held in Trust:	
Name and Address of Purchaser or Transferee:	

26: Mortgage Loan Information

Identify each mortgage loan including second mortgage loans, home equity and reverse mortgage loans in excess of \$1,000 outstanding on December 31, 2008 for which you or any IMMEDIATE FAMILY MEMBER were obligated. For your primary residence, exclude the original AMOUNT borrowed or owed.

Not Applicable

Address of Property:	
Creditor Name:	PROVIDENT FUNDING ASSOCIATE
Creditor Address:	PO BOX 71159 PASADENA, CA
Original Amount Borrowed (Filer Only):	275,000
Amount Owed (Filer Only):	275,000
Terms of Repayment Interest Rate:	4.57
Year Mortgage Due or Terminated:	2024

27: Mortgage Receivable Information

Identify each parcel of real estate located in Massachusetts on which you and/or an IMMEDIATE FAMILY MEMBER held a mortgage. Also identify each parcel of real estate located out-of-state which is held for investment or rental purposes on which you and/or an IMMEDIATE FAMILY MEMBER hold a mortgage. Report the name and address of the issuer, i.e., the person obligated to you in 2008, and the assessed value. If the mortgage is held only by an IMMEDIATE FAMILY MEMBER, exclude the assessed value of the property. Exclude: mortgages on out-of-state properties if the property is held chiefly for enjoyment.

Not Applicable

Address:	
Description of Property:	
Name of Issuer:	
Issuer's Address:	
Assessed Value (Filer Only):	

28: Other Creditor Information

Identify each debt, loan or other liability including mortgage(s), home equity and reverse mortgage loans on property(ies) located out-of-state, in excess of \$1,000 owed by you and/or any IMMEDIATE FAMILY MEMBER on December 31, 2008. You must report the loan collateral, which is the property (including insurance policies used to guarantee a loan) assigned to guarantee payment of funds. Certain personal and business loans are excluded. Exclude: Any liability of \$1,000 or less; installment loans (cars, household effects, etc.); educational loans; medical and dental debts; credit card purchases (other than cash advances); support or alimony obligations; debts owed to spouse or close relative or debts incurred in the ordinary course of a BUSINESS.

Not Applicable

Creditor Name:	
Creditor Address:	
Original Amount Borrowed (Filer Only):	
Amount Owed (Filer Only):	
Terms of Repayment Interest Rate:	
Year Due or Terminated:	
Loan Collateral:	

29: Debts Forgiven

Identify each creditor who during 2008 forgave an indebtedness in excess of \$1,000 owed by you or an IMMEDIATE FAMILY MEMBER. Certain loans are excluded. Exclude: Any forgiven indebtedness less than \$1,000; debts forgiven by a spouse, a close relative, or the spouse of a close relative.

Not Applicable

Creditor Name:	
Address:	
Amount Forgiven (Filer Only):	

30: Certification

I Robert Cheney certify that:
(signature)

- I made a reasonably diligent effort to obtain reportable information concerning myself and IMMEDIATE FAMILY MEMBER(S); and
- The information contained on this form is true and complete, to the best of my knowledge.

Submitted under the pains and penalties of perjury April 30, 2009
(date)

The following Immediate Family Members declined to disclose information which is necessary to complete this Statement fully and accurately:

The following are the specific Question(s) for which answers were declined by each Immediate Family Member:

IMPORTANT:

1. No DESIGNATED PUBLIC EMPLOYEE shall be allowed to continue in his duties or to receive compensation from public funds unless he has filed an SFI with the Commission. The Commission will immediately notify your agency head if you fail to timely file.
2. Faxed SFIs can not be accepted.
3. If you are filing manually, you must submit the original plus 2 copies and a self-addressed stamped envelope. The Commission will date stamp and return 1 copy to you as proof of filing.
4. If you filed manually, please check to see that you answered every question. Remember, if a question is not applicable or the answer is "none", you must check the not applicable box.
5. If you were required to amend your SFI last year, we encourage you to carefully review