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MAY 16 2017

Maine Ethics Commission

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES

MAIL: 135 STATE HOUSE STATION, AUGUSTA, MAINE 04333
OFFICE: 45 MEMORIAL CIRCLE, AUGUSTA, MAINE
WEBSITE: WWW.MAINE.GOV/ETHICS
PHONE: 207-287-4179
FAX: 207-287-6775

STATEMENT OF SOURCES OF INCOME FOR EXECUTIVE EMPLOYEES

2016 Calendar Year: January 1, 2016 - December 31, 2016

Check here if this statement is an update or amendment of a previously filed statement.

Form with fields: Name (BARRY J. HOBBS), Job Title (PUBLIC ADVOCATE), Department (Office of the Public Advocate), Phone (work) (207-624-3680), Mailing Address (work) (112 State House Station Augusta ME 04333-112), E-mail Address (work)

GENERAL INSTRUCTIONS

- Complete all sections. If a section is not applicable, check the box marked "None."
A glossary is located in the back of this form.
If completing this form by hand, please write legibly. NO RED INK!
Report the sources of income for you, your spouse or domestic partner, and your dependent children.
Report only specific sources of income. Dollar amounts need not be listed.
If April 15 falls on a weekend or holiday, this statement is due on the next business day.

Please keep a copy of this statement for your records!

REPORTING DEADLINES

Constitutional Officers and the State Auditor

Newly elected constitutional officers and the state auditor must file the financial disclosure statement within 30 days of election and by April 15 of each year they are in office, unless a report for that year has already been filed.

Appointed Executive Employees

Newly appointed executive employees who are appointed by the Governor and confirmed by the Legislature must file the financial disclosure statement prior to their confirmation and by April 15 of each year of their employment, unless a report for that year has already been filed.

Executive Employees in Major Policy-Influencing Positions

Executive employees in major policy-influencing positions must file the financial disclosure statement by April 15 of each year of their employment.

Leaving Office or Terminating Employment

Constitutional officers and the state auditor and all other executive employees must file a final financial disclosure statement within 45 days of leaving office or terminating employment that covers the calendar year of leaving office or terminating employment.

REQUIREMENT TO FILE AN UPDATED STATEMENT

Executive branch employees are required to update their financial disclosure statement within 30 days of a substantial change in income, reportable liabilities or positions of the executive branch employee or an immediate family member (except dependent children) that occurs in the current calendar year. (5 M.R.S.A. § 19(3)(C)) Substantial changes include but are not limited to:

- A new employer or other source of income that has paid the executive branch employee or immediate family member \$2,000 or more in the current year;
A new reportable liability of \$3,000 or more obtained during the current calendar year;
A new contract or other arrangement between the executive branch employee, immediate family member or associated organization and a State agency, board or commission for the lease or sale of goods or services with a value of more than \$10,000 during the current calendar year; and
A new position in a political action committee, ballot question committee, party committee, or non-profit or for profit organization.

Part 1. Income from Employment by Another

None. Check this box if you did not have income from employment by another.

Name of Employer	Address	Principal Type of Economic or Business Activity of Employer	Position Held by Taxpayer
STATE OF MAINE MAINE LEGISLATURE	2 STATE HOUSE STATION AUGUSTA, ME 04330	STATE GOVERNMENT LEGISLATIVE BRANCH	STATE REPRESENTATIVE (01-1/16 to 12-8/16)

Part 2. Income from Self-Employment

None. Check this box if you did not have income from self-employment.

Name of Your Business/Trade Name	Address	Principal Type of Economic or Business Activity
LAW OFFICES OF BARRY J. HOBBINS, P.A.	74 BEACH ST SACO, ME 112 SEWALL ST SACO, ME	LAW OFFICE
Name of Client or Customer, if required (see instructions)	Address	Principal Type of Economic or Business Activity of Client
N/A		

Part 3. Business Entities

None. Check this box if you and your immediate family did not own or control more than 5% of any business.

Name of Business	Address	Principal Type of Economic or Business Activity
NORTHLAND TITLE COMPANY LLC	74 BEACH ST SACO, ME 04072	REAL ESTATE CLOSINGS AGENT.
112 SEWALL STREET, LLC	112 SEWALL ST AUGUSTA, ME 04330	OFFICE / APARTMENT BUILDING

Part 4. Income from the Practice of Law

None. Check this box if you did not have income from the practice of law.

Name of Practice or Firm	Address	Your Major Areas of Practice	Firm's Major Areas of Practice	Position: Partner, Associate, Sole Practitioner
LAW OFFICES OF BARRY J. HOBBINS P.A.	74 BEACH ST SACO, ME 04072 112 SEWALL ST AUGUSTA, ME 04330	GENERAL LAW PRACTICE	REAL ESTATE ZONING/LAND USE PERMITTING TELE- COMMUNICATIONS SITES, SMALL BUSINESS FAMILY LAW CRIMINAL LAW CORPORATIONS (SMALL) PROBATE LAW	MANAGING SOLE MEMBER

Part 5. Income from Any Other Source (PLEASE SEE "ADDITIONAL INFORMATION" SECTION FOR FURTHER INFORMATION HEREIN ATTACHED)

None. Check this box if you did not have income from any other source.

Name of Source	Address	Description of Income
MAINE BASKETBALL, LLC. D/B/A "MAINE REDCLAWS" NBA/D-LEAGUE TEAM (SHAREHOLDER)	OXFORD, MAINE	DIVIDEND FROM INVESTMENT
74 BEACH ST/REAL ESTATE 6 BACK COVE ESTATES/ REAL ESTATE	74 BEACH ST, SACO, ME 6 OCEAN AVE. (UNIT L) PORTLAND, MAINE	RENTAL INCOME/OFFICES APARTMENT BUILDINGS RENTAL RESIDENTIAL CONDOMINIUM
HUCKLER HISTORIC ASSOCIATES	BALTIMORE, MARYLAND	LIMITED LIABILITY PARTNER- SHIP (1/2 UNIT SHARE) EQUITY INTEREST (FINAL PAYMENT MADE 2016) PARTNERSHIP DISSOLVED

Part 6-A. Compensation Income of Immediate Family Members

None. Check this box if no members of your immediate family received income of \$2,000 or more from employment or compensation.

Name and Job Title (do not list name of dependent child)	Employer's Name and Address	Principal Type of Economic or Business Activity of Employer
DONNA M. HOBBS (SPOUSE) SPECIAL EDUCATION TEACHER	320 51, CUMBERLAND, ME	SCHOOL DISTRICT
DEPENDENT SON SURVEYER ASSISTANT (5/16/16 TO PRESENT)	DOW + COLUMBIA SURVEYERS 200 PARK ST. SACO, MAINE	LAND USE SURVEYING
DEPENDENT SON SUMMER EMPLOYMENT BELL HOP/YACHT/ COLLEGE STUDENT	HYATT HOTEL FOUR ST, PORTLAND, ME	HOTEL/REST.

Part 6-B. Other Sources of Income of Immediate Family Members

None. Check this box if no members of your immediate family received income of \$2,000 or more from any other source.

Name of Spouse or Partner (do not list name of dependent child)	Source of Income Name and Address	Type of Income
DONNA HOBBS (SPOUSE)	RBC WEALTH MANAGEMENT TWO PORTLAND SQ PORTLAND, ME 04101	IRA RETIREMENT WITHDRAWAL
	ESTATE OF DONALD MONSON 000 10/25/16 RECEIVED 4/15/17	INSURANCE POLICY PROCEEDS (\$1,000)

Part 7. Loans

None. Check this box if you did not have reportable liabilities.

Lender's Name	Lender's Address	Principal Type of Economic or Business Activity of Lender

Part 8. Gifts, Including Travel and Accommodations

None. Check this box if you did not receive any gifts.

Source of Gift	Source of Gift
1. NCSL (NATIONAL CONFERENCE OF STATE LEGISLATURES) TRAVEL, CONFERENCE REIMBURSEMENT	2. "EMPOWERING MAINE LEADERSHIP PAC EXPENSE REIMBURSEMENT" (PAC DROPPED) (AS REPORTED TO COMMISSION) 3/17
3. (DLCC) DEMOCRATIC LEGISLATIVE CAMPAIGN COMMITTEE - LODGING, TRAVEL, CONFERENCES REIMBURSEMENT (11/16 - 12/8/16)	4. 2016 STATE INNOVATION EXCHANGE (SIX) LODGING, TRAVEL RE: 12/5/16 CONFERENCE 5. MAINE STATE CHAMBER OF CONFERENCE, LEADERSHIP CONFERENCE, NEWRY MAINE

Part 9. Honoraria

None. Check this box if you did not receive honoraria.

Source of Honoraria	Source of Honoraria
1.	2.
3.	4.

Part 10. Positions in Political Action, Ballot Question or Party Committees

None. Check this box if you and your immediate family were not a treasurer, or principal officer, decision-maker or fundraiser of a PAC, BQC, or Party Committee.

Name of Committee	Name of Official or Family Member	Title
1. DEMOCRATIC LEGISLATIVE CAMPAIGN COMMITTEE (DLCC) (FEDERAL PAC)	BARRY J HOBBS	BOARD MEMBER 11/16 - 12/8/16
2. EMPOWERING MAINE LEADERSHIP PAC	BARRY J. HOBBS	PRINCIPAL / FUNDRAISER OFFICER
3.		

Part 11. Conducting Business with State Agencies

None. Check this box if neither you nor your immediate family did business with any State agency.

Name of Agency	Name of Individual/Organization Selling Goods or Services	Description of Good or Services
** PLEASE SEE PART 12 **		

Part 12. Representing Others Before State Agencies

None. Check this box if neither you nor your immediate family represented another before a State agency.

Name of Agency	Name of Individual Receiving Compensation
<ul style="list-style-type: none"> STATE OF MAINE COURT SYSTEM DEPARTMENT OF PUBLIC SAFETY OFFICE OF SECRETARY OF STATE MAINE REVENUE SERVICE MAINE DEPARTMENT OF HUMAN SERVICES DEPARTMENT OF ENVIRONMENTAL SERVICES 	/ RE: LAW PRACTICE BARRY J. HOBBS ESQ (LAW OFFICES OF BARRY J. HOBBS PA.)
<ul style="list-style-type: none"> OFFICE OF ATTORNEY GENERAL LAND USE REGULATORY COMMISSION PUBLIC UTILITIES COMMISSION 	

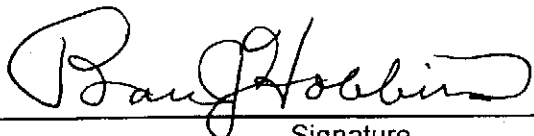
Part 13. Positions in For-Profit and Non-Profit Organizations

None. Check this box if you and members your immediate family did not hold positions in any for-profit or non-profit organizations.

Organization/Business and Address	Title	Name of Position Holder	Relationship to Executive Employee	Compensated Yes/No
• HOUSACE OF SOUTHERN MAINE U.S. ROUTE 1, SCARBORO, ME	BOARD MEMBER	BARRY J. HOBBS	<input checked="" type="checkbox"/> Self <input type="checkbox"/> Spouse	NO
• LAW OFFICES OF BARRY J. HOBBS, PA.	SOLE MEMBER	BARRY J. HOBBS	<input type="checkbox"/> Dependent <input checked="" type="checkbox"/> SELF	NO
• NORTHLAND TREE COMPANY, LLC	SOLE MEMBER	BARRY J. HOBBS	<input checked="" type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent	NO
112 SEWALL STREET, LLC	SOLE MEMBER	BARRY J HOBBS	<input checked="" type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent	NO

SIGNATURE

I CERTIFY THAT I HAVE EXAMINED THIS REPORT AND TO THE BEST OF MY KNOWLEDGE IT IS TRUE, CORRECT, AND COMPLETE.



Signature

5/14/17
Date

ADDITIONAL INFORMATION

Please provide any additional information in the space below. Indicate the part number for the information you are providing. Use additional pages if necessary.

Part Number	
PART 5	<ul style="list-style-type: none"> 112 SEWALL STREET LLC PROFESSIONAL OFFICE/APARTMENT BUILDING AUGUSTA, ME
	<ul style="list-style-type: none"> TIME SHARE UNIT (HARBOR RIDGE) SOUTHWEST HARBOR (WEEK) - (NO INCOME)
	<ul style="list-style-type: none"> QUARTER SHARE INTEREST SUMMIT HOTEL (UNIT 334), NEWRY, ME (RENTAL INCOME)
	<ul style="list-style-type: none"> RBC BAIN RAUCHER STOCK PORTFOLIO 2 PORTLAND SQ, PORTLAND ME 04101 SEP IRA DISTRIBUTION
	<ul style="list-style-type: none"> ING FINANCIAL SERVICES/ADVISORS DEFERRED COMPENSATION AUGUSTA, ME ACCOUNT (STATE OF MAINE SANCTURED ACCOUNT)
	<ul style="list-style-type: none"> EDWARD JONES RETIREMENT 33 1/2 MAIN ST MUTUAL FUNDS / PORTFOLIO APO, MAINE 04072