



Received
 FEB 16 2016
 Maine Ethics Commission

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES

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 WEBSITE: WWW.MAINE.GOV/ETHICS
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STATEMENT OF SOURCES OF INCOME FOR LEGISLATORS

2015 Calendar Year: January 1, 2015 - December 31, 2015

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

Name BARRY J HOBBS	Office <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate
Mailing Address 22 GLEDHAYEN	District Number 14
City/Town, State, Zip SACD, ME 04072	E-mail Address bhobbins@hobbinslaw.com

FILING DEADLINE

Please file this statement with the Clerk of the House or Secretary of the Senate by **5:00 p.m., Tuesday, February 16, 2016.**

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.**
- Campaign contributions and Maine Clean Election Act payments need not be reported in this statement.
- The completed statements are posted on the Commission's website and copies are made available to the public upon request.
- Please keep a copy of this statement for your records.

REQUIREMENT TO FILE AN UPDATED STATEMENT

Legislators are required to update their statement of sources of incomes within 30 days of a substantial change in income, reportable liabilities or positions of the Legislator or an immediate family member (except dependent children) that occurs in the current calendar year. (1 M.R.S.A. § 1016-G(2)(B)) Substantial changes include but are not limited to:

- A new employer or other source of income that has paid the Legislator 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 Legislator, 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.

Please call the Commission staff 207-287-4179 if you have any questions.

Thank you for your cooperation!

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	Job Title
STATE OF MAINE MAINE LEGISLATURE	2 STATE HOUSE STATION AUGUSTA	STATE GOVERNMENT	STATE REPRESENTATIVE

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
Name of Client or Customer, if required (see instructions)	Address	Principal Type of Economic or Business Activity of Client

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 CO. LLO	74 BEACH STREET SACO, MAINE 04072	REAL ESTATE TITLE CLOSINGS AGENT

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. HOBBS P.A.	74 BEACH ST SACO, MAINE 112 SEWALL ST AUGUSTA, ME	GENERAL LAW PRACTICE	REAL ESTATE ZONING/LAND USE - CORPORATE PROBATE ADMINISTRATIVE	MANAGING PARTNER/ SOLE MEMBER
		CRIMINAL SMALL BUS- INESS	PERMITTING - WIRELESS TELCOM- SITES	

Part 5. Income from Any Other Source

(PLEASE SEE "ADDITIONAL SECTION" FOR FURTHER INFORMATION)

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

Name of Source	Address	Description of Income
MAINE BASKETBALL LLC P/B/A MAINE RECLADS NBA/D-LEAGUE TEAM	OXFORD, MAINE	DIVIDEND FROM INVESTMENT
74 BEACH STREET REAL ESTATE 6 BACKCOVE ESTATES	74 BEACH ST, SACO, ME 6 OCEAN AVENUE PORTLAND, ME	RENTAL INCOME OFFICES/APARTMENT BUILDING CONDOMINIUM RENTAL INCOME
HUCKLER HISTORIC ASSOCIATES	BALTIMORE, MARYLAND	LIMITED PARTNERSHIP INTEREST IN HOUSING (EQUITY INTEREST)

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	SAD 51 LUMBERLAND, ME	SCHOOL DISTRICT
DEPENDENT CHILD PIZZA DELIVERY	PORTLAND ME CO, SEABROOKS, ME	RESTAURANT
DEPENDENT CHILD EVENT SECURITY	NORTH EAST SECURITY COLLEGE STUDENT	PORTLAND, ME
DELIA HOBBS, OVER- SIGHT DC (NOW MARRIED)	CHIROPRACTIC CLINIC WASHINGTON, MD	CHIROPRACTIC CLINIC WELLNESS CLINIC

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

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 received any gifts.

Source of Gift	Source of Gift
1. NCSL (NATIONAL CONFERENCE OF STATE LEGISLATURES) (TRAVEL REIMBURSEMENT)	2. CTIA (CELLULAR TELEPHONE & INTERNET ASSOCIATION) (TRAVEL EXPENSES) CONFERENCE
3. DLCC (DEMOCRATIC LEGISLATIVE CAMPAIGN COMMITTEE) TRAVEL + CONFERENCE REIMBURSEMENT	4. EMPOWERING MAINE LEADERSHIP PAC (EXPENSE REIMBURSEMENT) 5. TIMEWARNER (OVERNIGHT LODGING, CONFERENCE MEALS) 6. MAINE STATE CHAMBER OF COMMERCE (LEADERSHIP CONFERENCE) NEWRY 2/15

Part 9. Honoraria

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

Source of Honoraria	Source of Honoraria
1. (NONE)	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. EMPOWERING MAINE LEADERSHIP PAC	BARRY J. HOBBS	PRINCIPAL/FUNDRAISER OFFICER
2. DEMOCRATIC LEADERSHIP CAMPAIGN COMMITTEE (DLCC) (FEDERAL PAC)	BARRY J. HOBBS	BOARD MEMBER
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

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 	<ul style="list-style-type: none"> • PUBLIC UTILITIES COMMISSION
<ul style="list-style-type: none"> • MAINE REVENUE SERVICE • LAND USE REGULATION COMMISSION • OFFICE OF ATTORNEY GENERAL 	<ul style="list-style-type: none"> BARRY J. HOBBS ATTORNEY AT LAW (LAW OFFICES OF BARRY J. HOBBS PA)
<ul style="list-style-type: none"> • MAINE HISTORICAL PRESERVATION COM. • DEPARTMENT OF ENVIRONMENTAL PROTECTION COMMISSION 	

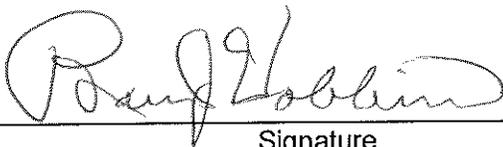
Part 13. Positions in For-Profit and Non-Profit Organizations

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 Legislator	Compensated Yes/No
<ul style="list-style-type: none"> • HOSPICE OF SOUTHERN MAINE, SCARBORO • LAW OFFICES OF BARRY J. HOBBS PA, SACO 	<ul style="list-style-type: none"> BOARD MEMBER • SOLE BOARD MEMBER 	<ul style="list-style-type: none"> BARRY J. HOBBS BARRY J. HOBBS 	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent 	<ul style="list-style-type: none"> NO NO
<ul style="list-style-type: none"> • NORTHLAND TITLE COMPANY, SACO • 112 SEWALL STREET, AUGUSTA, ME 	<ul style="list-style-type: none"> SOLE MEMBER SOLE MEMBER 	<ul style="list-style-type: none"> BARRY J. HOBBS BARRY J. HOBBS 	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent 	<ul style="list-style-type: none"> NO NO

SIGNATURE

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



Signature

2/15/16

Date

