



COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES

MAIL: 135 STATE HOUSE STATION, AUGUSTA, MAINE 04333
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STATEMENT OF SOURCES OF INCOME FOR LEGISLATORS WHO ARE LEAVING OFFICE IN 2016

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), Office (House checked), Mailing Address (22 GLENHAVEN CIRCLE), District Number (14), City/Town, State, Zip (SACO, ME 04072), E-mail Address (bhobbins@hobbinslaw.com)

FILING DEADLINE

Please file this statement with the Maine Ethics Commission by 5:00 p.m., Friday, January 20, 2017.

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, ME.	STATE GOVERNMENT LEGISLATIVE BRANCH	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
(PLEASE PART B)		
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. LLC	74 BEACH ST, SACO, ME 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.	174 BEACH ST SACO, ME 112 SEWAN ST AUGUSTA, ME.	GENERAL LAW PRACTICE	REAL ESTATE ZONING/LAND USE PROBATE, CRIMINAL FAMILY LAW, SMALL BUSINESS PERMITTING TELE- COMMUNICATIONS SITES CORPORATIONS (S.M.A.S.)	MANAGING SOLE MEMBER

**Part 5. Income from Any Other Source** (PLEASE SEE "ADDITIONAL INFORMATION" SECTION)

None. Check this box if you did not have income from any other source. FOR FURTHER INFORMATION HERETO ATTACHED )

Name of Source	Address	Description of Income
MAINE BASKETBALL LLC D/B/A "MAINE RED CLAWS" NBA / D-LEAGUE TEAM (SHARE HOLDER)	OXFORD, ME	DIVIDEND FROM INVESTMENT
74 BEACH ST. REAL ESTATE SACO 6 BACK Cove ESTATES REAL ESTATE	74 BEACH ST, SACO, ME 6 OCEAN AVENUE (UNIT 6)	RENTAL INCOME OFFICES / APARTMENT BUILDING RENTAL - CONDO MINIMUM.
HUCKLER HISTORIC ASSOCIATES	BALTIMORE, MARYLAND	LIMITED LIABILITY PARTNERSHIP SHARE (1/2 SHARE) EQUITY INTEREST (FINAL PAYMENT FROM SALE OF PROJECT) IN 2016.

**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	SACO 51, CUMBERLAND ME	SCHOOL DISTRICT
DEPENDENT SON SURVEYOR ASSISTANT (5/16 - 12/31/10)	DOW + COULOMBE SURVEYORS, SACO	LAND USE SURVEYING
DEPENDENT SON SUMMER EMPLOYMENT BELL ATTEND COLLEGE ATTENDANT	HYATT FORE 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
(NOTHING RECEIVED) BY MYSELF OR SPOUSE		

**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 CONFERENCE REIMBURSEMENT	2. EMPOWERING MAINE LEADERSHIP PAC EXPENSE REIMBURSEMENT (AS REPORTED TO COMMISSION)
3. (DLCC) DEMOCRATIC LEGISLATIVE CAMPAIGN COMMITTEE LOGGING TRAVEL CONFERENCE REIMBURSEMENT	4. 2016 STATE INNOVATION EXCHANGE (SIX) LEGISLATIVE CONFERENCE (LOGGING TRAVEL) 5. MAINE STATE CHAMBER OF COMMERCE (LEADERSHIP CONFERENCE, NEWRYME)

**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
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"> <li>• STATE OF MAINE COURT SYSTEM</li> <li>• DEPARTMENT OF PUBLIC SAFETY</li> <li>• OFFICE OF SECRETARY OF STATE</li> <li>• MAINE REVENUE SERVICE</li> <li>• MAINE DEPARTMENT OF HUMAN SERVICES</li> <li>• DEPARTMENT OF ENVIRONMENTAL SERVICES</li> <li>• OFFICE OF ATTORNEY GENERAL</li> <li>• LAND USE REG. COMMISSION</li> <li>• PUBLIC UTILITIES COMMISSION</li> </ul>	BARRY J HOBBS (LAW OFFICES OF BARRY J. HOBBS PA.)

**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"> <li>• HOSPICE OF SOUTHERN MAINE - SCARBOROUGH</li> <li>• LAW OFFICES OF BARRY J HOBBS PA.</li> </ul>	BOARD MEMBER SOLE MEMBER	BARRY HOBBS BARRY HOBBS	<input checked="" type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent	NO NO
<ul style="list-style-type: none"> <li>• NORTHLAND TITLE COMPANY LLC</li> <li>• 112 SEWALL STREET LLC</li> </ul>	SOLE MEMBER SOLE MEMBER	BARRY J. HOBBS BARRY J. HOBBS	<input checked="" type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent	NO NO
			<input checked="" type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent	

**SIGNATURE**

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

Barry J Hobbs

Signature

1/3/17

Date

