



COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES

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Maine Ethics Commission

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 LEGISLATORS

2012 Calendar Year: January 1, 2012 - December 31, 2012

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

|   |   |
|---|---|
| Name<br>BARRY J. HOBBS                  | Office<br><input type="checkbox"/> House <input checked="" type="checkbox"/> Senate |
| Mailing Address<br>22 GLENHAVEN CIRCLE  | District Number<br>5  |
| City/Town, State, Zip<br>SACD, ME 04072 | E-mail Address<br>bhobbins@hobbinslaw.com   |

FILING DEADLINES

**CURRENT LEGISLATORS:** Please file this statement with the Clerk of the House or Secretary of the Senate by 5:00 p.m. on February 15, 2013.

**LEGISLATORS LEAVING OFFICE:** Please file this statement with the Maine Ethics Commission by 5:00 p.m. on January 22, 2013. Please mail it to Maine Ethics Commission, 135 State House Station, Augusta, Maine, 04333-0135 or hand-deliver to the Commission's office at 45 Memorial Circle, Augusta, Maine.

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.
- 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 duly recorded as required by law need not be reported in this statement.
- State law (1 M.R.S.A. § 1018) requires Legislators to file an updated statement with the Commission within 30 days of any change to the information in this report. Additionally, the law (1 M.R.S.A. § 1016-B (2)) requires Legislators to make a supplementary statement to the Commission of any reportable liability within 30 days after it is incurred.
- 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.

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<br>MAINE LEGISLATURE | 2 STATEHOUSE<br>STATION<br>AUGUSTA, ME | GOVERNMENT  | STATE SENATOR |
|                                     |  |   |               |

**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. Revenue of Business Entities**

None. Check this box if you and your immediate family did not have a majority share in a business.

| Name of Business         | Address                       | Principal Type of Economic or Business Activity |
|--------------------------|-------------------------------|---|
| NORTHLAND TITLE CO., LLC | 74 BEACH ST<br>SACO, ME 04072 | REAL ESTATE CLOSINGS<br>ESCROW 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<br>BARRY J. HOBBS<br>P.A. | 74 BEACH ST<br>SACO, ME | GENERAL PRACTICE<br>PROBATE<br>CRIMINAL<br>ADMINISTRATIVE,<br>ZONING, LAND USE<br>REAL ESTATE<br>PERSONAL INJURY | GENERAL PRACTICE<br>CORPORATE<br>TELECOMMUNICATIONS<br>PERMITTING | PROFESSIONAL ASSOCIATION<br>(SOLE MEMBER)<br>LAND USE |

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

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

| Name of Source  | Address                   | Type of Income   |
|---|---------------------------|--|
| MAINE BASKETBALL LLC<br>(MAINE REDCLAWS, NBA<br>D-LEAGUE BASKETBALL TEAM) | OXFORD, ME                | EQUITY MEMBER IN LLC   |
| SACO & BLODEFORD SAVINGS<br>INSTITUTION                                   | 250 MAIN ST, SACO, ME     | INTEREST EARNED FROM<br>SAVINGS, CHECKING, MONEY<br>MARKET ACCOUNTS  |
| BANGOR SAVINGS BANK   | P.O. BOX 0402, BANGOR, ME | INTEREST EARNED FROM<br>SAVINGS, CHECKING, MONEY<br>MARKET ACCOUNTS. |

**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<br>(do not list name of dependent child) | Employer's Name and Address  | Principal Type of Economic or<br>Business Activity of Employer |
|---|--|--|
| DAUNA M. HOBBS<br>(SPOUSE) SPECIAL EDUCATION<br>TEACHER     | SAD 51<br>CUMBERLAND, ME   | SCHOOL DISTRICT  |
| DEPENDENT CHILD   | Hoddy's NURSERY<br>FERRY Rd<br>SACO, ME 0407                                   | NURSERY, LANDSCAPING   |
| DEPENDENT CHILD   | WAITRESS<br>WHILE ATTENDING<br>DOCTORAL CHIROPRACTIC<br>PROGRAM - ST LOUIS, MO |  |

**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<br>(do not list name of dependent child) | Source of Income<br>Name and Address | Type of Income |
|--|--------------------------------------|----------------|
|  |                                      |                |
|  |                                      |                |
|  |                                      |                |

| Part 7. Loans  |                  |   |
|--|------------------|---|
| <input checked="" type="checkbox"/> 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   |  |
|--|--|
| <input type="checkbox"/> None. Check this box if you did not received any gifts. (PLEASE SEE ATTACHED SHEET FOR DETAILS) |  |
| Source of Gift   | Source of Gift   |
| 1. NATIONAL CONFERENCE OF STATE LEGISLATURES (NCSL)  | 2. NEW ENGLAND CABLE + TELECOMMUNICATION ASSOCIATION (NECTA) |
| 3. STATE LEGISLATIVE LEADERS FOUNDATION  | 4. STATE GOVERNMENT AFFAIRS COUNCIL FOUNDATION (SGAC)        |

| Part 9. Honoraria   |                     |
|---|---------------------|
| <input checked="" type="checkbox"/> None. Check this box if you did not received honoraria. |                     |
| Source of Honoraria   | Source of Honoraria |
| 1.  | 2.                  |
| 3.  | 4.                  |

| Part 10. Positions in Political Action or Ballot Question Committees   |   |
|--|---|
| <input type="checkbox"/> None. Check this box if you were not a treasurer, officer, decision-maker, or fundraiser of a PAC or BQC. |   |
| Name of Committee  | Title   |
| 1. EMPOWERING MAINE LEADERSHIP PAC   | LEADERSHIP PAC FUNDRAISER<br>DECISION MAKER (PRINCIPAL) |
| 2. DEMOCRATIC LEGISLATIVE CAMPAIGN Comm. Fee (WASHINGTON DC FEDERAL PAC)   | BOARD MEMBER  |

**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 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"> <li>• MAINE COURT SYSTEM</li> <li>• HISTORICAL PRESERVATION COMMISSION</li> </ul>    | <ul style="list-style-type: none"> <li>• OFFICE OF ATTORNEY GENERAL</li> <li>• MAINE REVENUE SERVICE</li> </ul> |
| <ul style="list-style-type: none"> <li>• OFFICE OF SECRETARY OF STATE</li> <li>• DEPARTMENT OF PUBLIC SAFETY</li> </ul> | <ul style="list-style-type: none"> <li>• LAND USE REGULATION COMMISSION</li> </ul>                              |


**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 |
|------------------------------------|----------------------|-------------------------|---|--------------------|
| NORTHLAND TITLE COMPANY LLC        | SOLE/MANAGING MEMBER |                         | <input checked="" type="checkbox"/> Self<br><input type="checkbox"/> Spouse<br><input type="checkbox"/> Dependent | YES                |
| LAW OFFICES OF CARRY J. HOBBS P.A. | SOLE MEMBER          |                         | <input checked="" type="checkbox"/> Self<br><input type="checkbox"/> Spouse<br><input type="checkbox"/> Dependent | YES                |
| UNIVERSITY OF MAINE FOUNDATION     | BOARD MEMBER MEMBER  |                         | <input checked="" type="checkbox"/> Self<br><input type="checkbox"/> Spouse<br><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.



  
 \_\_\_\_\_  
 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"> <li>• 74 BEACH ST, SACO, ME OHTD - RENTAL INCOME OFFICES/APARTMENT BUILDING</li> <li>• 6 BACK COVE ESTATES, PORTLAND, ME - CONDOMINIUM RENTAL INCOME</li> </ul> |
|             | <ul style="list-style-type: none"> <li>• EDWARD JONES PORTFOLIO (STOCK, MONEY MARKET) MAIN ST, SACO</li> <li>• RBC DAWN RAUSCHER, PORTLAND, ME STOCK PORTFOLIO, SEP IRA, INCOME</li> </ul>         |
|             | <p style="margin-left: 20px;">CAPITAL GAINS, DIVIDENDS</p>   |
|             | <ul style="list-style-type: none"> <li>• ING FINANCIAL SERVICES/ADVISORS, (STATE OF MAINE DEFERRED COMPENSATION PLAN)</li> </ul>   |
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Barry J. Hobbins  
22 Glenhaven Circle  
Saco, ME 04072

Sources of Income Statement  
Reportable Gifts

Additional Information:

State Legislative Leaders Foundation (SLLF)  
1645 Falmouth Road  
Centerville, MA 02632

SLLF Conference on Effective Governance

SLLF Health Care Conference

New England Cable & Telecommunications Association (NECTA)  
Ten Forbes Road, Suite 440W  
Braintree, MA 02184

NECTA Annual Convention  
Newport, Rhode Island

National Conference of State Legislatures (NCSL)  
444 North Capitol Street, N.W. Suite 515  
Washington, D.C. 20001

NCSL Legislative Leadership Conference (2)  
Washington, D.C.

State Government Affairs Council  
515 King Street, Suite 325  
Alexandria, VA 22314

Leaders Policy Conference