



**2008 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A – 1019)**

Covering the calendar year January 1, 2008 through December 31, 2008

Please file this statement with the Clerk of the House or the Secretary of the Senate by **5:00 p.m. on February 17, 2009.**

Please check if this is an update to a previously filed statement for the calendar year 2008.

LEGISLATOR INFORMATION	
Name <i>BARRY J. HOBBS</i>	Member of: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate
Mailing address <i>22 GLENHAVEN CIRCLE</i>	District <i>5</i>
City, zip code <i>SACO 04072</i>	Phone <i>(207) (207) (w)</i> <i>4) 282-7101 282598</i>

**PART 1. INCOME DERIVED FROM EMPLOYMENT BY ANOTHER**

List the name and address of each employer from whom you received compensation of \$1,000 or more. Specify the principal type of economic activity of each employer.

Name of Employer	Address	Principal Type of Economic Activity of Employer

**PART 2. INCOME DERIVED FROM SELF-EMPLOYMENT**  
 (For Legislators who are self-employed.)

A. List the name and address of your business, if any, and list the major areas of economic activity from which you derived income. If associated with a partnership, firm, professional association, or similar business entity, list the major areas of economic activity of that entity.

Name and Address of Business Entity	Major Areas of Economic Activity (self)	Major Areas of Economic Activity (partnership, association or similar business entity)
Name: <i>LAW OFFICES OF BARRY J. HOBBS PA.</i> <i>HOBBS + GARDNER LLC</i> Address: <i>110 MAIN ST SUITE 1508, 1305</i>	<i>ATTORNEY</i> <i>GENERAL PRACTICE</i>	<i>GENERAL PRACTICE OF LAW P.A.</i> <i>LLC</i>
Name: <i>NORTHLAND TITLE COMPANY LLC</i> Address: <i>110 MAIN ST SUITE 1508, 1305 SACO, MAINE 04072</i>	<i>REAL ESTATE CLOSINGS</i> <i>TITLE INSURANCE</i> <i>TITLE SEARCHES</i>	<i>LLC</i> <i>SOLE MEMBER</i> <i>REAL ESTATE CLOSINGS</i> <i>ESCROW AGENT</i>

**PART 2 (continued). INCOME DERIVED FROM SELF-EMPLOYMENT**

(For Legislators who are self-employed.)

B. List each source of income derived from self-employment that represents more than 10% of your gross income or \$1,000, whichever is greater, and specify the principal type of economic activity of the entity or person from whom you derived such income. If this form of disclosure is prohibited by law, rule, or an established code of professional ethics, specify only the principal type of economic activity of the entity or person from whom the income was derived.

Name and Address of Source	Principal Type of Economic Activity of Entity or Person Who is the Source of the Income
Name: HOBBS + GARDNER LLC LAW OFFICES OF BARRY J. HOBBS P.A. Address: 110 MAIN ST SUITE 1508, BOX SACO, ME 04072	LLC, PA GENERAL PRACTICE OF LAW / LAW OFFICE
Name: NORTH LAND TITLE COMPANY LLC Address: 110 MAIN ST SUITE 1508 BOX SACO, ME 04072	LLC (SOLE MEMBER) REAL ESTATE CLOSINGS, COMMERCIAL/RESIDENTIAL TITLE INS.

**PART 3. MAJOR AREAS OF PRACTICE**

(For Legislators who are attorneys-at-law only.)

List your major areas of practice. If associated with a law firm, list the major areas of practice of your firm.

Name and Address of Firm	Major Areas of Practice (self)	Major Areas of Practice (firm)
Name: HOBBS + GARDNER LLC LAW OFFICES OF BARRY J. HOBBS P.A. Address:	GENERAL PRACTICE FAMILY LAW, PROBATE LAND USE PERMITTING PERSONAL INJURY	GENERAL PRACTICE OF LAW PLEASE SEE
Name: Address: (PLEASE SEE ADDITIONAL INFORMATION SECTION)	ADOPTION, REAL ESTATE TELECOMMUNICATIONS PERMITTING, CRIMINAL	(ADDITIONAL INFORMATION SECTION) FOR FURTHER INFO.

**PART 4. OTHER SOURCES OF INCOME**

List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of this form. Do not include gifts. If none, check the box.

None (PLEASE SEE ADDITIONAL INFORMATION SECTION FOR FURTHER INFORMATION)

Name and Address of Source	Kind of Income (investments, leases, etc.)
Name: SACO + BIDDEFORD SAVINGS INSTITUTION Address: 252 MAIN ST. SACO, ME 04072	INTEREST FROM SAVINGS, MONEY MARKET CHECKING ACCTS.
Name: BANGOR SAVINGS BANK BANGOR ME. Address: P.O. BOX 04402-0930	INTEREST EARNED FROM SAVINGS, MONEY MARKET CHECKING ACCOUNTS

**PART 5. REPORTABLE LIABILITIES**

List the names of creditors for any unsecured loans of \$3,000 or more that you received during the reporting period, and list the major areas of economic activity of each creditor. Do not list loans from a relative. If none, check the box.

None

Name and Address of Creditor	Principal Type of Economic Activity of Creditor
Name: Address:	
Name: Address:	

**PART 6. REPORTABLE GIFTS**

List the specific source of each gift of more than \$300. Include gifts with an aggregate value of more than \$300 from a single source. If none, check the box.

None

Name of Source of Gift	Name of Source of Gift
1.	3.
2.	4.

**PART 7. REPORTABLE HONORARIA**

List the source of any honoraria accepted for appearances or speeches related to your official duties. If none, check the box.

None

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

**PART 8. REPRESENTATION BEFORE STATE AGENCIES**

List each executive branch agency before which you represented or assisted others for compensation of any amount. If none, check the box.

None

(PLEASE SEE ADDITIONAL INFORMATION SECTION)

LEGAL SERVICES RENDERED FOR CLIENTS

Name of Agency	Name of Agency
1. DEPARTMENT OF PUBLIC SAFETY	3. MAINE REVENUE SERVICES
UNIVERSITY OF MAINE	SECRETARY OF STATE (OFFICES)
2. DEPARTMENT OF GENERAL SERVICES	4. DEPARTMENT OF LABOR

**PART 9. BUSINESS WITH STATE AGENCIES**

List each executive branch agency to which you or a member of your immediate family sold goods or services with a value in excess of \$1,000 during the reporting period. If none, check the box.

None

Name of Agency	Name of Agency
1.	3.
2.	4.

**PART 10. INCOME RECEIVED BY MEMBERS OF IMMEDIATE FAMILY**

List the type of economic activity representing each source of income of \$1,000 or more received by your spouse or dependent child (ren) during the reporting period and the kind of income represented. Do not include gifts. Circle "S" for income received by spouse or "D" for income received by dependents.

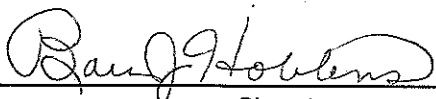
Type of Economic Activity Representing Source of Income Received	Circle appropriate letter	Kind of Income
1. EDUCATION (SPECIAL EDUCATION TEACHER)	(S) D	(EMPLOYMENT SAO SI) TEACHER
2. WAITRESS (S) ENVIRONMENTAL SCIENCE INTERN (NH FISHERIES & WILDLIFE)	S (D)	FLATBREAD PIZZA PORTSMOUTH N.H
3.	S D	
4.	S D	

**SIGNATURE**

A Legislator who willfully fails to file a required statement is subject to a fine of \$10 per business day until the report is filed. (1 M.R.S.A. § 1017-A)

The intentional filing of a false statement is a Class E crime. If the Commission concludes that it appears that a Legislator has willfully filed a false statement, it shall refer its findings of fact to the Attorney General.

If the Commission determines that a Legislator has willfully failed to file a required statement or has willfully filed a false statement, the Legislator shall be presumed to have a conflict of interest on every question and shall be precluded from voting on any question in committee or in either branch of the Legislature, and shall not attempt to influence the outcome of any question. (1 M.R.S.A. § 1019)



Signature

2/15/09

Date

NAME: BARRY J. HOBBS

DATE: 2/15/09

ADDRESS: 22 GLENHAVEN CIRCLE, SACO, ME 04072

ADDITIONAL INFORMATION

Please provide any additional information below (and on additional sheets if needed). Indicate the part or section number for the information you are providing.

Part/Section Number

PART 3. MAJOR AREAS OF PRACTICE  
ADDITIONAL INFORMATION

SELF

- REAL ESTATE PERMITTING
- CORPORATE / SMALL BUSINESS
- PUBLIC POLICY LEGAL STRATEGIES
- GOVERNMENTAL RELATIONS (NON-LEGISLATIVE)
- ADMINISTRATIVE
- DMU

FIRM

- (IN ADDITION)
- FELONY CHARGES
- SEX OFFENSES
- BUSINESS LAW
- GOVERNMENTAL RELATIONS (NON-LEGISLATIVE)
- COI/HOI/DPS
- ~~ADMIN~~ ADMINISTRATIVE

PART 4 OTHER SOURCES OF INCOME

74 BEACH ST SACO MAINE 04072

RENTAL INCOME  
~~4~~ UNIT PROPERTY

SACO VALLEY FEDERAL CREDIT UNION  
312 MAIN ST  
SACO, ME 04072

INTEREST ON ACCOUNTS

RBC DAIN RAUSCHER  
1 PORTLAND SQUARE  
PORTLAND, ME 04101

STOCK PORTFOLIO; INCOME - CAPITAL GAINS, DIVIDENDS, SEP IRA

EDWARD JONES  
292 MAIN ST.  
SACO, ME 04072

PORTFOLIO ACCOUNT  
DIVIDENDS, CAPITAL GAINS

ING FINANCIAL SERVICES/ADVISORS  
P.O. BOX 305 5 COMMUNITY DRIVE  
AUGUSTA, ME 04330

STATE OF MAINE, PRIVATE DEFERRED COMPENSATION PLAN

STATE OF MAINE  
STATE HOUSE  
AUGUSTA, ME 04333

LEGISLATIVE SALARY, PER DIEM CONSTITUENT SERVICES

T.D. BANK NORTH  
PORTLAND, MAINE  
04101

MONEY MARKET ACCT

MAINE BASKET BALL LLC.  
OXFORD, ME

INVESTMENT INCOME

PART 8

REPRESENTATION BEFORE STATE AGENCIES

- DEPARTMENT OF TRANSPORTATION
- DEPARTMENT OF ENVIRONMENT & PROTECTION
- GAMBLING CONTROL BOARD
- OFFICE OF THE GOVERNOR

- MAINE COURT SYSTEM
- OFFICE OF ATTORNEY GENERAL
- DEPARTMENT OF BUSINESS PROFESSIONAL REGULATION
- DEPARTMENT OF CONSERVATION