



**RECEIVED**  
 FEB 19 2010  
 MAINE ETHICS COMMISSION

**2009 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A – 1019)**

Covering the calendar year January 1, 2009 through December 31, 2009

Please file this statement with the Clerk of the House or the Secretary of the Senate by **5:00 p.m. on February 19, 2010**. Please contact Commission staff at 287-4179 or come to the Commission office at 45 Memorial Circle, Augusta, if you have any questions about this form, your reporting requirements, or how to report specific situations.

LEGISLATOR INFORMATION	
Name <b>BARRY J. HOBBS</b>	Office: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate
Mailing address <b>22 GLENHAVEN CIRCLE</b>	District <b>5</b>
City, zip code <b>SACO 04072</b>	Phone <b>H (207) 282-7101</b> <b>W (207) 282-5985</b> <b>C (207) 288-9996</b>

**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: <b>LAW OFFICES OF BARRY J. HOBBS P.A.</b> Address: <b>74 BEACH ST. SACO, ME 04072</b>	<b>GENERAL PRACTICE</b> <b>ATTORNEY AT LAW</b>	<b>PROFESSIONAL ASSOCIATION</b>
Name: <b>NORTHLAND TITLE COMPANY LLC</b> Address: <b>74 BEACH ST. SACO, ME 04072</b>	<b>REAL ESTATE CLOSINGS</b> <b>TITLE INSURANCE</b> <b>TITLE SEARCHES</b>	<b>LLC / SOLE MEMBER</b> <b>REAL ESTATE CLOSINGS</b> <b>ESCROW AGENT</b>

**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: LAW OFFICES OF BARRY J. HOBBS A9 Address: 74 BEACH ST. SACO, ME 04072	GENERAL PRACTICE OF LAW / LAW OFFICE
Name: NORTHLAND TITLE COMPANY LLC Address:	LLC (SOLE MEMBER) REAL ESTATE CLOSINGS TITLE INSURANCE

**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: LAW OFFICES OF BARRY J. HOBBS Address: 74 BEACH STREET, SACO, MAINE 04072	GENERAL PRACTICE LAND USE PERMITTING PROBATE, FAMILY LAW CRIMINAL LAW ADOPTION, REAL ESTATE TELECOMMUNICATIONS PERMITTING CORPORATE	PLEASE SEE ADDITIONAL SECTIONS FOR FURTHER INFORMATION
Name: Address:		

**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 + BIDDDEFORD SAVINGS INSTITUTION Address: 252 MAIN ST. SACO, ME 04072	INTEREST FROM SAVINGS, MONEY MARKET CHECKING ACCOUNTS
Name: BANOR SAVINGS BANK Address: P.O. BOX 64402 BRANGOR, ME	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 credit card liability or 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. CTIA ANNUAL CONFERENCE REIMBURSEMENT FOR ACTUAL + NECESSARY TRAVEL EXPENSES FOR PANEL DISCUSSION MEMBER	3. "NECTA" ANNUAL CONFERENCE LOGGING + FOOD - CONFERENCE LEGISLATIVE PANEL MEMBER PRESENTATION
2. TRAVEL EXPENSES FOR PANEL DISCUSSION MEMBER	

**PART 7. REPORTABLE HONORARIA**

List the source of any honoraria accepted for appearances or speeches related to your legislative responsibilities. 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. OFFICE OF SECRETARY OF STATE	3. DEPARTMENT OF ENVIRONMENTAL PROTECTION
2. MAINE REVENUE SERVICES	4. DEPARTMENT OF PUBLIC SAFETY

**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 domestic partner or dependent child(ren) during the reporting period and the kind of income represented. If your spouse or domestic partner received \$1,000 or more of income, their name and job title are listed. Do not include gifts.

Name of Spouse or Domestic Partner and Job Title	Type of Economic Activity Representing Source of Income Received	Relationship	Kind of Income
Name: DONNA M. HOBBS Job Title: SPECIAL EDUCATION TEACHER	1. TEACHER 2. SADS 3.	Spouse or Domestic Partner	1. SALARY 2. 3.
	SUMMER GOLF COURSE WORKER	Dependent Child	HOURLY WAGE
	WAITRESS	Dependent Child	HOURLY WAGE TIPS
		Dependent Child	

If dependent child(ren) receive more than \$1,000 of income for the reporting period, list only the type of economic activity and the kind of income.

**PART 11. OFFICER OR DIRECTOR POSITIONS**

List any for-profit or nonprofit corporation, firm, association, partnership or business in which you or a member of your immediate family held any office, trusteeship, directorship, or position of any nature. Indicate whether you or a family held the position and whether the position was compensated. If a family member listed, indicate your relationship and the name of the family member.

None

Organization/Business and Address	Title	Position Held By:	Family Member's Name	Compensated?
UNIVERSITY OF MAINE FOUNDATION ORONO, MAINE	BOARD MEMBER	BARRY J. HOBBS		NO
NORTHLAND TITLE CO LLC 74 BEACH ST, SACO ME 04072	SOLE MANAGING MEMBER	BARRY J. HOBBS		YES

**SIGNATURE**

A Legislator who willfully fails to file a required statement is subject to a fine of up to \$100. (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. (1 M.R.S.A. § 1019)

  
Signature

2/15/10  
Date

**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	Information
PART 3	<ul style="list-style-type: none"> <li>BUSINESS LAW, GOVERNMENTAL RELATIONS (NON LEGISLATIVE)</li> <li>ADMINISTRATIVE, PUBLIC POLICY &amp; LEGAL STRATEGY</li> <li>PERSONAL INJURY</li> </ul>
PART 4	<ul style="list-style-type: none"> <li>74 BEACH ST - RENTAL INCOME (4 UNITS)</li> <li>MAINE BASKETBALL LLC - INVESTMENT INCOME OXFORD, ME</li> <li>EDWARD JONES - PORTFOLIO ACCOUNT SACO, ME</li> <li>ROG DAIN RAISCHER - STOCK PORTFOLIO - INCOME - CAPITAL GAINS DIVIDENDS, SEP IRA PORTLAND SQUARE PORTLAND, ME</li> <li>ING FINANCIAL SERVICES/ADVISORS - STATE OF MAINE PRIVATE PO. BOX 305 COMMUNITY DRIVE AUGUSTA, ME DEFERRED COMPENSATION PLAN</li> </ul>
PART 8	<ul style="list-style-type: none"> <li>MAINE COURT SYSTEM</li> <li>GAMBLING CONTROL BOARD</li> <li>OFFICE OF ATTORNEY GENERAL</li> <li>DEPT. OF BUSINESS + PROFESSIONAL REGULATION</li> <li>DEPARTMENT OF TRANSPORTATION</li> <li>HISTORICAL PRESERVATION COMMISSION</li> </ul>

**PART 11. OFFICER OR DIRECTOR POSITIONS**

List any for-profit or nonprofit corporation, firm, association, partnership or business in which you or a member of your immediate family held any office, trusteeship, directorship, or position of any nature. Indicate whether you or a family held the position and whether the position was compensated. If a family member listed, indicate your relationship and the name of the family member.

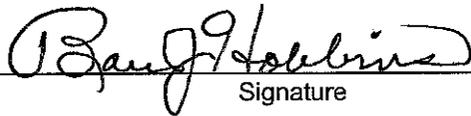
None

Organization/Business and Address	Title	Position Held By:	Family Member's Name	Compensated?

**SIGNATURE**

A Legislator who willfully fails to file a required statement is subject to a fine of up to \$100. (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. (1 M.R.S.A. § 1019)

  
Signature

2/15/10  
Date

**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 4**

- SACO VALLEY FEDERAL CREDIT UNION - INTEREST ON ACCOUNTS  
312 MAIN ST, SACO, ME
- T.D. BANK NORTH - MONEY MARKET ACCOUNT  
PORTLAND, MAINE
- STATE OF MAINE  
STATE HOUSE  
AUGUSTA, ME  
02101

LEGISLATIVE SALARY, PER DIEM, MILEAGE  
LODGING, CONSTITUENT SERVICES