

Received by Hand
ERA 1/6/17



DECLARATION OF INTERESTS
MADE PURSUANT TO RULES 29 AND 36 OF THE RULES OF PROCEDURE
OF THE STATES OF DELIBERATION AND THEIR COMMITTEES

Surname:	Forenames in full:
TOOLEY	

TOOLEY
RUTHAN HELEN

I hereby certify that, to the best of my knowledge and belief, this Declaration of Interests gives full and complete particulars, as at the date of this declaration, of all matters which I am required to declare, as a Member of the States of Deliberation, pursuant to Rules 29 and 36 of the Rules of Procedure of the States of Deliberation and their Committees or as a person who is a non-States member of a States' Committee pursuant to Rule 46.

I understand that I am required to declare interests or benefits of which I am aware received by my spouse, co-habiting partner or infant children.

I further understand that this form is a public document and will be published on the States' website.

Signature:	Date:

Ruthan Tooley
26/5/17

This form must be returned to Her Majesty's Greffier
not later than the 31st May 2017.

For use by H. M. Greffier:

Date return received:

Enter 'none' in box if there
is no interest to declare

Name and address of each Employer	Brief description of the business/work
NONE	

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Enter 'none' in box if there
is no interest to declare

Name and address of each Company	Brief description of the business/work
NONE	

Enter 'none' in box if there
is no interest to declare

Name and address of each Partnership	Brief description of the business/work
NONE	

Enter 'none' in box if there
is no interest to declare

Name and address of each Office held	Brief description of the business/work
NONE	

Enter 'none' in box if there
is no interest to declare

Brief description of the business/work	Name and address of any person or entity from whom you receive payment or benefit which forms a significant portion of either your income from this work or your total income
NONE	

Enter 'none' in box if there is no interest to declare

Address of each Property	State whether owned, leased, rented or held in trust	Purpose for which Property is held
Rouge mont Rue de Patron St. Peter Port GY1 2TE	RENTED	RESIDENCE

Enter 'none' in box if there is no interest to declare

Name and address of each Company
NONE
In respect of companies listed above where the holding is over 10% of the issued share capital, give a brief description of their business/work and state what real property, if any, they hold (either directly or indirectly) in the Bailiwick.
NONE

Enter 'none' in box if there is no interest to declare

Name and address of each Trust	State whether as beneficiary or trustee
NONE	

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Enter 'none' in box if there is no interest to declare

Name and address of each organisation from which a payment was received in the period from 1 st May 20** to 30 th April 20** §	Brief description of the function at which the speech was made
NONE	

§ This section does not apply to Members who were not in office during the relevant period.

Enter 'none' in box if there is no interest to declare

Declare all gifts and material benefits received by you, a close family member or associate in the period from 1 st May 20** to 30 th April 20** § which are of a value greater than 1% of basic allowance payable to States Members	
Nature of gift or benefit:	NONE
By whom received:	NONE
Name of donor or benefactor:	NONE
Value of gift or benefit:	NONE
If gift was money or a tangible item state date that money or item was transferred or delivered to the States	NONE

§ This section does not apply to Members who were not in office during the relevant period.

Enter 'none' in box if there is no interest to declare

Declare here any other interest or benefit received which, whilst not required to be registered under Parts 1-10 might reasonably be perceived by other persons to influence actions as an elected Member of the States.
NONE

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Enter 'none' in box if there is no interest to declare

Declare here the name, familial relationship, job title and usual place of work of any of the following who is an employee of the States, that is to say parent, spouse, cohabiting partner, child, grandchild or sibling.

NONE



If there was insufficient space provided in any Part of this form please add a continuation sheet.

Are any continuation sheets attached?	YES / NO
	If yes, specify number of sheets