



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

Surname: <b>GOLLOP</b>	Forenames in full: <b>JOHN ALFRED BANNERMAN</b>
---------------------------	--

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: <b>John Alfred Gollop</b>	Date: <b>5th June 2019</b>
---	-------------------------------

This form must be returned to Her Majesty's Greffier not later than the 31<sup>st</sup> May 20\*\*.



For use by H. M. Greffier:

Date return received:

N.B. A property formerly belonging to my late mother in Alderney "or Chovette", Valangin is currently being processed via probate which is likely to give me a Bailiwick real property interest.

PART 1  
Employment

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

None

Name and address of each Employer	Brief description of the business/work
_____	_____

PART 2  
Directorships

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

None

Name and address of each Company	Brief description of the business/work
_____	_____

PART 3  
Partnerships

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

None

Name and address of each Partnership	Brief description of the business/work
_____	_____

**PART 4**  
 Other Employment

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

1  
2  
3  
4

Name and address of each Office held	Brief description of the business/work
COMMITTEE MEMBER - LIVING STREETS - WEA GAMBUNG RWIKS COMMITTEE MENTAL HEALTH SUPPORT GROUP	Past President Environment Education Center - member on support group with other party for committee member

**PART 5**  
 Self-Employment and any other Consultancy, Profession, Trade, Vocation or other work not declared in Part 4

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

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 at moment. I sometimes do freelance writing and performing	

**PART 6**  
 Real Property situated in the Bailiwick

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

Address of each Property	State whether owned, leased, rented or held in trust	Purpose for which Property is held

NO LOCAL SHARES :

**PART 7**  
Company Shareholdings

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

None

Name and address of each Company
I MAY HAVE a few shares left in Lloyds Bank PLC.
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.

left the 10%!

**PART 8**  
Trusts (excluding Professional Trusteeships)

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

None

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

**Part 10**  
**Payments received for Public Speaking**

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

None

Name and address of each organisation from which a payment was received in the period from 1 <sup>st</sup> May 2017 to 30 <sup>th</sup> April 2018 §	Brief description of the function at which the speech was made

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

**Part 10**  
**Gifts, Benefits and Hospitality Received**

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

None

Declare all gifts and material benefits received by you, a close family member or associate in the period from 1<sup>st</sup> May 2017 to 30<sup>th</sup> April 2018 § which are of a value greater than 1% of basic allowance payable to States Members

Nature of gift or benefit:	/
By whom received:	/
Name of donor or benefactor:	/
Value of gift or benefit:	/
If gift was money or a tangible item state date that money or item was transferred or delivered to the States	/

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

PART 11  
Any Other Interests

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

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.

I live as a tenant of Rosane Court -  
A Housing DL supported social housing facility  
with help for my diabetes, asthma & other health issues

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

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

CONTINUATION SHEETS

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 ..... X
---------------------------------------	--