

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

Surname: LE BRUM	Forenames in full:	JOHN S
gives full and complete part am required to declare, as a	ticulars, as at the date of Member of the States of ire of the States of Delib	and belief, this Declaration of Interests this declaration, of all matters which I Deliberation, pursuant to Rules 29 and peration and their Committees or as a mittee pursuant to Rule 46.
I understand that I am requi by my spouse, co-habiting pa		r benefits of which I am aware received
I further understand that the website.	is form is a public docum	ent and will be published on the States'
Signature:		Date: 16/12/20
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 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 Brief description of the business/work Name and address of each Partnership None

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PART 4

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

Brief description of the business/work

РАRT 5 Self-Employment and any other Consultancy, Profession, Trade, Vocation or other work по

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
Trading as Labour Force	Temp manual labour hire
More Excalating	Transless utility laying

PART 6

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
11 Closdes Covins Castel	Owned	Principal Tesidence

PART /				
		10000		288
Compa	iny S	nare	nolc	lings

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

PART 8
Trusts (excluding Professional Trusteeships

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

Name and address of each Trust

State whether as beneficiary or trustee

None

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 1st June 2019 to 15th October 2020 §

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.

PART 10

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 1st June 2019 to 15th October 2020 § 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:

None None None None

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

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

PART 12
Employment by the States of close Family Members

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

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



DECLARATION OF CRIMINAL CONVICTIONS MADE PURSUANT TO RULES 29 AND 46 OF THE RULES OF PROCEDURE OF THE STATES OF DELIBERATION AND THEIR COMMITTEES

Surname:		Forenames in full:	
LE	BRUN	Ross	JOHN
gives full and of declare, as a N States of Deli Committee pu	complete particulars, Member of the States beration and their Coursuant to Rule 46.	as at the date of this of of Deliberation, pursoommittees or as a pe	belief, this Declaration of Unspent Conviction declaration, of all matters which I am required want to Rule 29 of the Rules of Procedure of t erson who is a non-States member of a Stat Register of Members' Unspent Convictions a
vill be availab	le for public inspectio	n at the Greffe whene	ver the Greffe is open for normal business.
Signature:	L		Date:
Declaration o	f Unspent Conviction	ns	
			Enter 'none' in the box if there are no unspent convictions to declare
Declare here court in any j		tions which resulted	in a sentence of imprisonment imposed by
N	one		
1 4			