



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

<i>Surname:</i> <b>M. GUINNESS</b>	<i>Forenames in full:</i> <b>MARGARET JULIANA</b>
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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.

<i>Signature:</i> <b>M. Guinness</b>	<i>Date:</i> <b>19/01/2021</b>
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**This form must be returned to Her Majesty's Greffier  
not later than the 15<sup>th</sup> February, 2021**

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*For use by H. M. Greffier:*

*Date return received:*

**PART 1**  
**Employment**

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

Name and address of each Employer	Brief description of the business/work
Guernsey Water Brickfield House St Andrews GY1 3AS	Water Quality Risk Manager.

**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**  
**Offices Held**

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

Name and address of each Office held	Brief description of the business/work
Overseas aid Commissioner.	Participation in the distribution of overseas aid.

**PART 5**  
**Self-Employment and any other Consultancy, Profession, Trade, Vocation or other work not  
declared in Parts 1-4**

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

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

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
1 <sup>st</sup> St. Julian's Avenue Apt 28 GY1 1ZQ	Rented	Principal residence

**PART 7**  
**Company Shareholdings**

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

None

*Name and address of each Company*

*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.*

**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*

**PART 9****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 2020 §	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****Other 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 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:	
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.

## 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.

JAMES Mc GUINNESS / SPOUSE  
ATE (Air Traffic Engineer)  
GUERNSEY AIRPORT

## 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 .....