




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> Mooney	<i>Forenames in full:</i> Joseph
---------------------------	-------------------------------------

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> 	<i>Date:</i> 30/6/2019
--	---------------------------

**This form must be returned to Her Majesty's Greffier
not later than the 31st May 2019**

For use by H. M. Greffier:

Date return received:

PART 1
Employment

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

<i>Name and address of each Employer</i>	<i>Brief description of the business/work</i>
None- Self Employed	

PART 2
Directorships

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

<i>Name and address of each Company</i>	<i>Brief description of the business/work</i>
JM Subcontractors Ltd	Construction and Plant Hire

PART 3
Partnerships

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

<i>Name and address of each Partnership</i>	<i>Brief description of the business/work</i>
none	

PART 4
Offices Held

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

<i>Name and address of each Office held</i>	<i>Brief description of the business/work</i>
None	

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

<i>Brief description of the business/work</i>	<i>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</i>
J M Subcontractors Ltd	Construction/ Plant Hire

PART 6
Real Property situated in the Bailiwick

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

<i>Address of each Property</i>	<i>State whether owned, leased, rented or held in trust</i>	<i>Purpose for which Property is held</i>
<i>Dualla House, Le Rohais, St Peter Port</i>	<i>Owned</i>	<i>Residence</i>
<i>Les Fleur, Le Rohais, St P Port</i>	<i>Owned</i>	<i>Investment</i>
<i>Capri, Le Rohais, St Peter Port</i>	<i>Owned</i>	<i>Investment</i>
<i>Land+ shed at Houmtel Lane, Vale</i>	<i>Owned</i>	<i>Investment</i>

PART 7
Company Shareholdings

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

<i>Name and address of each Company</i>
JM Subcontractors Ltd Dualla House Le Rohais St Peter Port Guernsey GY1 1FE
<i>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.</i>
<ul style="list-style-type: none"> ➤ 42% HOLDING ➤ Business: Construction & Plant Hire ➤ Property; None

PART 8
Trusts (excluding Professional Trusteeships)

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

<i>Name and address of each Trust</i>	<i>State whether as beneficiary or trustee</i>
None	

PART 9

Payments received for Public Speaking

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

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

§ 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	
--	--

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

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