



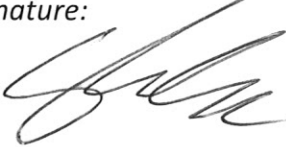
**DECLARATION OF INTERESTS**  
**MADE PURSUANT TO RULES 29 AND 36 OF THE RULES OF PROCEDURE**  
**OF THE STATES OF DELIBERATION AND THEIR COMMITTEES**

<i>Surname:</i> Haskins	<i>Forenames in full:</i> Sam Peter
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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> 	<i>Date:</i> 21/4/2023
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**This form must be returned to the States' Greffier not later than the 31<sup>st</sup> July, 2021**

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*For use by the States' Greffier:*

*Date return received:*

**PART 4**  
**Offices Held**

Enter 'none' in box if there is no interest to declare	none
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<i>Name and address of each Office held</i>	<i>Brief description of the business/work</i>

**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
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<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>

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

Enter 'none' in box if there is no interest to declare	
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<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>
33 Paris Street	owned	habitation

**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 the period from 16 <sup>th</sup> October 2020 to 30 <sup>th</sup> June 2021 §	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 period from 16 <sup>th</sup> October 2020 to 30 <sup>th</sup> June 2021 § 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.