



**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>  Taylor	<i>Forenames in full:</i> Andrew William
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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>  A Taylor	20.10.2020
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**This form must be returned to Her Majesty's Greffier  
not later than the 30th June 20\*\*.**

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*For use by H. M. Greffier:*

*Date return received:*

**PART 1**  
**Employment**

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

**PART 2**  
**Directorships**

<i>Enter 'none' in box if there is no interest to declare</i>	
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<i>Name and address of each Company</i>	<i>Brief description of the business/work</i>
Barnabe Ltd, Market Street, St Peter Port, GY1 1HB	Taylor's Coffee Shop
BOOK Guernsey Ltd, La Pomare Farm, St Peters, GY7 9HH	Tour Guernsey
Hedgerow Coffee Co.	Coffee Roaster (sole trader)

**PART 3**  
**Partnerships**

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

**PART 4**  
Offices Held

<i>Enter 'none' in box if there is no interest to declare</i>	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

<i>Enter 'none' in box if there is no interest to declare</i>	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

<i>Enter 'none' in box if there is no interest to declare</i>	None
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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>

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

<i>Enter 'none' in box if there is no interest to declare</i>	
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<i>Name and address of each Company</i>
<p>Barnabe Ltd, Market Street, St Peter Port, GY1 1HB.</p> <p>Operation of coffee shop.</p> <p>BOOK Guernsey Ltd, La Pomare Farm, St Peters, GY1 1HB.</p>
<p><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></p>

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

<i>Enter 'none' in box if there is no interest to declare</i>	None
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<i>Name and address of each Trust</i>	<i>State whether as beneficiary or trustee</i>

## PART 9

## Payments received for Public Speaking

Enter 'none' in box if there is no interest to declare
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None
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Name and address of each organisation from which a payment was received in the period from 1 <sup>st</sup> June 20** to 31st May 20** §	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
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None
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Declare all gifts and material benefits received by you, a close family member or associate in the period from 1 <sup>st</sup> June 20** to 31st May 20** § 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.



	<i>If yes, specify number of sheets .....</i>
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