

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

Surname:	Forenames in full:		
Thornton	Simon John		
full and complete particulars, as a required to declare, as a Member of the Rules of Procedure of the St	my knowledge and belief, this Declaration of Interests gives at the date of this declaration, of all matters which I am of the States of Deliberation, pursuant to Rules 29 and 36 tates of Deliberation and their Committees or as a person tates' 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.			
Signature:	Date:		
Jour Mont	26-4-23		
This form must be returned to Her	Majesty's Greffier		
For use by H. M. Greffier:			

Date return received:

Part 1 Employment

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

Name and address of each Employer	Brief description of the business/work

Part 2 Directorships

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

Brief description of the business/work
Investment Fund
Non-Executive Director
Investment Fund
Non-Executive Director
Property Holding company
Director
Invesment company
Director
Property Holding Company
Director
Commercial Surveyors
Non-Executive Director
Charity
Director

Part 3 Partnerships

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

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
National Trust of Guernsey	Council Member

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

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
General Business advice and consultancy	

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,	Purpose for which
	leased, rented or held in	Property is held
	trust	

Hill House, Rue de la Terre Norgiot, St Saviours	Owned	Home
Fields at la Pomare	Owned	Let to farmer
Fields at Rue de Mont Varouf	Owned	Let to farmer

PART 7
Company Shareholdings

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

Name and address of each Company

PraxisIFM Group Limited, Sarnia House, Le Truchot, St Peter Port Annevilles Nurseries Limited, Hill House, Rue de la Terre Norgiot, St Saviours, Guernsey Annevilles Investments Limited, Hill House, Rue de la Terre Norgiot, St Saviours, Guernsey La Pomare Limited, Hill House, Rue de la Terre Norgiot, St Saviours, Guernsey

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.

Annevilles Nurseries owns Hill House and some fields adjacent to our house La Pomare owns some fields at Rue de la Pomare, St Peters Annevilles Investments is a family investment company

Part 8

Trusts (excluding Professional Trusteeships)

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

Name and address of each Trust	State whether as beneficiary or trustee

Payments received for Public Speaking

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

Name and address of each organisation from which a payment was received in the period from 1 st June 2020 to 31 st May 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	None
is no interest to declare	

Declare all gifts and material benefits received by you, a close family member or associate in the period from 1 st June 2020 to 31 st May 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.

Part 11 Any Other Interests

Enter 'none' in box if there

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	None
is no interest to declare	

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.

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