## Appendix 1 – Donation Statement Form

# Local Elections (Disclosure of Donation and Expenditure) Act 1999

# Donation Statement by Member of a Local Authority

(1 January 2023 to 31 December 2023)

1. General Information			
Name of Member	Gabriel Cronnelly		
Address for correspondence	Cloonkeen ATHENRY CO GALWAY		
Telephone number	0872066810		
Email	gcronnelly@cllr.galwaycoco.ie		
Fax number	N/A		
Political party, if any	None		
Local authority	GALWAY COUNTY COUNCIL		
Local electoral area	Athenry/ORANMORE		

### 2. Donations

Did you receive any single donation exceeding €600 in value, or donations from the same person exceed	ding
€600 in aggregate value, between 1 January 2023 and 31 December 2023?	

Yes No

### 3. Details of each Donation

(1) Value of Donation (€)	(2) Name and Address Of Donor	(3) Nature of Donation1	(4) Description of Donor2	(5) The date on which the donation was received	(6) If the donation was requested from the Donor, what is the name and postal address of the person who requested the donation	(7) Was a receipt issued to the Donor in respect of the donation? If yes, provide the date on which the receipt issued and the name of the person who issued the receipt
N/A	N/A	N/A	N/A	N/A	N/A	N/A

#### 4. Statutory Declaration

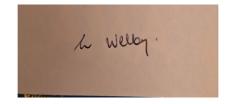
I (name) Gabriel Cronnelly do solemnly and sincerely declare that the above statement is, to the best of my knowledge and belief, correct in every material respect and that I took all reasonable action in order to be satisfied as to its accuracy. I make this solemn declaration conscientiously believing the same to be true and by virtue of the Statutory Declarations Act 1938.

Signed:	Gabriel Cronnelly	Dated: 25/01/2024			
Declared before me <b>Thomas Welby</b> [name in capitals] a [notary public] [commissioner for oaths] [peace commissioner] [practicing solicitor] by <b>Gabriel Cronnelly</b> [name of local authority member]					
who is personall	y known to me,				
or					
who is identified	I to me by who is personally known to me				
or					
whose identity h	nas been established to me before the taking o	this Declaration by the production to me of			
	[passport number] issued on[ ing state], which is an authority recognised by	•			
or					
•	suing state] which is an EU Member State, the S	ed on[date of issue] by the authorities Swiss Confederation or a Contracting Party to			
or					
-	no(document equivalent to a pas of issue] by the authorities of[issuing s				
or					
•	ocument no[document number] issu lity and Defence	ed on[date of issue] by the Minister			
or					
	t (other than refugee travel document)late of issue] by the Minister for Justice, Equalit				

at Galway Co Co [place of signature]

this 25 day of January 2024 [date]

Signed:



[signature of witness]

Please note that a witness must belong to one of the following categories: Commissioner for Oaths / Notary Public / Peace Commissioner / Practicing Solicitor.

#### **PENALTIES**

A person who knowingly makes a false or misleading statutory declaration is liable on conviction to a fine not exceeding €3,000 or imprisonment for a term not exceeding six months or both.