Appendix 1 – Donation Statement Form

<u>Local Elections (Disclosure of Donation and Expenditure) Act 1999</u> <u>Donation Statement by Member of a Local Authority</u> (1 January 2024 to 31 December 2024)

1. General Information

Name of Member	Mary Hoade		
Address for correspondence	Baranny, Annaghdown,Corrandulla, Co. Galway		
Telephone number	087 2255979		
Email	mhoade@cllr.galwaycoco.ie		
Fax number	n/a		
Political party, if any	Fianna Fail		
Local authority	GALWAY COUNTY COUNCIL		
Local electoral area	Tuam MD		

2. Donations

Did you receive any single donation exceeding €600 in value, or donations from the same person exceeding €600 in aggregate value, between 1 January 2024 and 31 December 2024?

○ 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	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	which the receipt issued
N/A	N/A	N/A	N/a	n/a	N/A	N/A

4. Statutory Declaration

I (name) Mary Hoade 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:	Mary Hoade	Dated: 27/01/2025
	-	n capitals] a [notary public] [commissioner for oaths] [peace ade [name of local authority member]
who is persona	ally known to me,	
or		
who is identifie	ed to me by who is personally kno	wn to me
or		
whose identity	has been established to me befo	re the taking of this Declaration by the production to me of
		ued on[date of issue] by the authorities of ority recognised by the Irish Government
or		
authorities of .		card number] issued on[date of issue] by the h is an EU Member State, the Swiss Confederation or a
or		
	ate of issue] by the authorities of	t equivalent to a passport) [passport number] issued on [issuing state] which is an authority recognised
or		
•	document no[docur stice, Equality and Defence	ment number] issued on[date of issue] by the
or		
		ment)[document no.] issued on er for Justice, Equality and Defence.
at County Hal	I Galway [place of signature]	
this 27 day of .	January 2025 [date]	



[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.