## **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	Noel Thomas
Address for correspondence	Gortachalla Moycullen Co Galway
Telephone number	0877372147
Email	nthomas@cllr.galwaycoco.ie
Fax number	00
Political party, if any	Independent Ireland
Local authority	GALWAY COUNTY COUNCIL
Local electoral area	Conamara South

#### 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	the date on
N/A	N/A	N/A	N/A	N/A	N/A	N/A

### **4. Statutory Declaration**

I (name) Noel Thomas 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:	Noel Tho	mas	Dated: 08/01/2025	
			als] a [notary public] [commissioner for o ame of local authority member]	aths] [peace
who is personal	ly known to me,			
or				
who is identified	I to me by who is	personally known to n	ne	
or				
whose identity h	nas been establisl	hed to me before the t	aking of this Declaration by the productio	n to me of
			[date of issue] by the authorognised by the Irish Government	orities of
or				
authorities of		ing state] which is an	mber] issued on[date of issued Member State, the Swiss Confederat	
or				
Aliens Passport [da by the Irish Gov	te of issue] by the	(document equivale authorities of	alent to a passport) [passport number] iss [issuing state] which is an authority	ued on recognised
or				
•	ocument no ice, Equality and	_	ımber] issued on[date of i	ssue] by the
or				
			[document no.] issued on istice, Equality and Defence.	
at <b>Galway Cou</b>	nty Council [plac	e of signature]		
this <b>29</b> day of J	anuarv 2025 [dat	el		

Signed:	Martina Kinane

[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.