# **Appendix 1 – Donation Statement Form**



Local Elections (Disclosure of Donation and Expenditure) Act 1999

## **Donation Statement by Member of a Local Authority**

(1 January 2020 to 31 December 2020)

1. Gene	ral Information
Name of Member	PETER LOCAL
Address for correspondence	MOYNE TUAM 093 49187
Telephone number	093 49187 087 8251470
Email	Proche@cllr-galungeoco.1-e
Fax number	The state of the s
Political party, if any	YINE GAEL.
Local authority	Colway
Local electoral area	Thorn Municiful

#### 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 2020 and 31 December 2020.

Please tick (√) one box only:	Yes		No 🔽
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### 3. Details of each Donation

(1) Value of Donation (€)	(2) Name and Address Of Donor	(3) Nature of Donation <sup>1</sup>	(4) Description of Donor <sup>2</sup>	(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
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 <sup>1</sup> For example, cash/cheque, use of property, services, etc.
 2 For example, family member, friend, company, political party, etc.

### 4. Statutory Declaration

I (name) Locate 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.
Declared before me Michael Maher [name in capitals] a [netery public] [commissioner for peaths] [peace commissioner] [practicing solicitor] by [name of local authority member]
who is personally known to me,
or
who is identified to me by
whose identity has been established to me before the taking of this Declaration by the production to me of passport no
at GRE.TB OFFices [place of signature]
this 20day of January Ol. [date]
Michael Moher Feare Commissioner 086 8109185
[signature of witness]
Disease note that a witness must below to one of the following actions in Quantity of Quantity

Please note that a witness <u>must</u> 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.