

Donation Statement Form

Local Elections (Disclosure of Donation and Expenditure) Act 1999

Donation Statement by Member of a Local Authority

(1 January 2024 to 31 December 2024)

1. General Information		
Name of Member	TOHN OHENEY	
Address for correspondence	LISDUFF, J LATTIN CO. TIPPERARY	
Telephone number	087-75/1550	
Email	John o heney a tipperary	
Fax number	NA	
Political party, if any	NA	
Local authority	TIPPERARY COUNTY	
Local electoral area	CASHEL-TIPPERARY	

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

Please tick ($$) one box only:	Yes	No 🔽

3. Details of each Donation

(1) Value of Donation (€)	(2) Name and Address Of Donor	(3) Nature of Donation ¹	(4) Description of Donor ²	(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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¹ For example, cash/cheque, use of property, services, etc.

² For example, family member, friend, company, political party, etc.

4. Statutory Declaration

I (name) John John Ly 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 Charles Offens
Declared before me NIAU DENCEM name in capitals] a [notary public] [commissioner for oaths] [peace commissioner] [practicing solicitor] by [name of local authority member]
who is personally known to me,
or
who is identified to me by who is personally known to me or
whose identity has been established to me before the taking of this Declaration by the production to me
passport no. [passport number] issued on
national identity card no
Aliens Passport no(document equivalent to a passport) [passport number] issued on[date of issue] by the authorities of[issuing state] which is an authority recognised by the Irish Government
or refugee travel document no[document number] issued on[date of issue] by the Minister for Justice, Equality and Defence
or travel document (other than refugee travel document)
at [place of signature]
this 23 day of Anuary [date] 2025
I hall toundy P. C. Com For Dathy
[signature of witness]

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.

Appendix 2 - Certificate for a Statement of a Political Donations Account

LOCAL ELECTIONS (DISCLOSURE OF DONATIONS AND EXPENDITURE) ACT 1999

CERTIFICATE TO ACCOMPANY STATEMENT FROM A FINANCIAL INSTITUTION OF A POLITICAL DONATIONS ACCOUNT FROM A MEMBER OF A LOCAL AUTHORITY

THIS CERTIFICATE IS NOT FOR PUBLIC DISPLAY

Name of Member			
	= 3 38		
Address			
Local authority	\$1		
hereby declare that a donation for polition	al purposes exceeding €1	00 and subse	quent
onations received by me during the ye			-
ollowing political donations account, a s			
nd that all amounts debited (excludin	g charges by the instituti	ion) were us	ed for
		,	
		,	
		,	
olitical purposes.		,	
olitical purposes.			
Account Number		*	*
Account Number	**************************************		ě
Account Number	w		
Account Number Financial Institution address			
Account Number Financial Institution address	N		*
Account Number Financial Institution address			*
Account Number Financial Institution address			*
Account Number Financial Institution address			
Account Number Financial Institution address Date account opened			*