

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	MICHAEL BRENNAN	
Address for correspondence	CLONACORYHOUSE FETHARD CO.TIPPERARY	
Telephone number	0873596275	
Email	michael brennanedir.	
Fax number		
Political party, if any	LABOUR.	
Local authority	1 IPPERARY COUNTY COUNCIL	
Local electoral area	CARRICK ON SUIR LEA.	

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	11	No V
			5.4

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) / ILLHAFL BREM	∕977∕ do solemnly ar	nd sincerely declare	that the above state	ement
is, to the best of my knowledge and bel	ief, correct in every n	naterial respect and	that I took all reaso	nable
action in order to be satisfied as to	its accuracy. I ma	ke this solemn dec	claration conscient	iously
believing the same to be true and by v	irtue of the Statutory	Declarations Act 19	938.	
Signed Suhall Sun	COMPANY	V		
	BURGES [peace commis	ssioner] [practic	ina solicitor1	oublic] by
who is personally known to me,			e.	
or				
who is identified to me by		who is personall	y known to me	
or		· 1	a) 19	
whose identity has been established to	me before the takin	g of this Declaration	by the production	to me
passport no	[issuing state], whi	ch is an authority in a control of the control of t	recognised by the	ate of
or Aliens Passport no[date of an authority recognised by the	fissue] by the autho	quivalent to a passprities of	ort) [passport num .[issuing state] whi	<i>ber</i>] ch is
or refugee travel document no of issue] by the Minister for Ju	[docume stice, Equality and I	<i>nt number</i>] issued o Defence	n[d	late
or travel document (other than re on[date of	fugee travel docume issue] by the Minister	ent) er for Justice, Equal	[<i>document no.</i>] iss ity and Defence.	ued
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at / Mul / So		lace of signature]	OK .	
this O day of tebrum 2	[date]		1	5
Q.B.	etroposti.			
[signature of witness]				
[Signature of withess]	W (g)	2		
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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.

LOCAL ELECTIONS (DISCLOSURE OF DONATIONS AND EXPENDITURE) ACT 1999

FROM A FINANCIAL INSTITUTION OF A POLITICAL DONATIONS ACCOUNT FROM A MEMBER OF A LOCAL AUTHORITY

THIS CERTIFICATE IS NOT FOR PUBLIC DISPLAY

	X 1 2
Name of Member	*
Address	
Local authority	* 14: *
× 1	
hereby declare that a donation for politic	al purposes exceeding €100 and subsequent
donations received by me during the ye	ear (insert year) were lodged to the
ollowing political donations account. a st	atement of the account for which is attached,
	g charges by the institution) were used for
	g charges by the institution) were used for
political purposes.	and the second second
Account Number	
*	e e
Financial Institution address	<u> </u>
8 . ×	
Date account opened	E.,
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Signed:	Date:
34	