

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	NIALL DENNEHY
Address for correspondence	Civic Offices Channel
Telephone number	086-2402753
Email	riace demonye cue typesey Co co', it
Fax number	
Political party, if any	NONE
Local authority	Tipp. co.co.
Local electoral area	C.B.D.

2. Donations

Please tick (√) one box only: Yes ∟ NO∟	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 Donation1	(4) Description of Donor2	(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	e of	f property,	services,	etc.
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	sh/cheque, use nily member, fri	iend, compa		party, etc.			
all reasonable	to the best of m	ly knowledge er to be sati	and belief, co	orrect in ever s accuracy.	y material resp I make this s	e that the abovect and that I too olemn declaratio ions Act 1938.	ok
Declared be [commissione NIALL	efore me Ruer for o	haso F aths] [pe	ace comi	[name ir missioner] ocal authority	n capitals] a [practicing member]		c] by

² Fo

who i	is personally known to me,	
or		
who i	is identified to me by who is perso	onally known to me
whos me o	se identity has been established to me before the taking of this Declor passport no	[date of issue] by the rity recognised by the Irish ued on
at this ====================================	on [date of issue] by the Minister for Justice, E	
PEN/ A per fine n	ise note that a witness <u>must</u> belong to one of the following cate hs / Notary Public / Peace Commissioner / Practicing Solicitor. IALTIES IALTI	is liable on conviction to a onths or both.
LOCA	AL ELECTIONS (DISCLOSURE OF DONATIONS AND E	EXPENDITURE) ACT 1999
FF	CERTIFICATE TO ACCOMPANY STATEM ROM A FINANCIAL INSTITUTION OF A POLITICAL DOI FROM A MEMBER OF A LOCAL AUTHOR	NATIONS ACCOUNT
	THIS CERTIFICATE IS NOT FOR PUBLIC DI	ISPLAY
Add	me of Member dress cal authority	

Account Number

Signed:	Date:
Statutory Declara	ation
I (name) do solemni statement is, to the best of my knowledge and belief, corre all reasonable action in order to be satisfied as to its a conscientiously believing the same to be true and by virtue	ect in every material respect and that I took occuracy. I make this solemn declaration
Signed	
ogica	
Declared before me	
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 taki	ing of this Declaration by the production to
passport no[passport number] issue authorities of[issuing state], whice Government	ed on[date of issue] by the ch is an authority recognised by the Irish
or national identity card no[identity ca	ord number) issued on Idate of
issue] by the authorities of[issuing Swiss Confederation or a Contracting Party to the I	state] which is an EU Member State, the
or Aliens Passport no(document eq issued on	uivalent to a passport) [passport number] ities of[issuing state] which is
or refugee travel document no	nt number] issued on[date
or travel document (other than refugee travel docume on[date of issue] by the Minister	nt)[document no.] issued
7	
	2
at[p	lace of signature]
thisday of[date]	

[signature of witness]

|Financial Institution address

Date account opened

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.