DONATION STATEMENT FORM

Local Elections (Disclosure of Donation and Expenditure) Act 1999

Donation Statement by Member of a Local Authority

[1st January, 2024 to 31st December, 2024]

1. GENERAL INFORMATION					
Name of Member	Ger Frisby				
Address for Correspondence	Treanaree, Slieverue, Co. Kilkenny.				
Telephone Number	087-2394760				
Email	cllrger.frisby@kilkennycoco.ie				
Fax Number	N/A				
Political Party, if any	Fianna Fáil				
Local Authority	Kilkenny County Council				
Local Electoral Area	Piltown Electoral Area				

2. DONATIONS

Did you receive any single donation exceeding €600 in value, or donations from the same person exceeding €600 in aggregate value, between 1st January, 2024 and 31st December, 2024.

Please tick ($\sqrt{}$) one box only:

Yes



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
	/	N	11-			
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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 DECLARTION

I <u>Ger Frisby</u> 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.

a	*
Signed:	
Declared before me A Fitz PATRIT Point (Commissioner for Oaths) [Peace Commissioner] [Practicing Solicitor] by . [Name of Local Authority Member].) [Name in Capitals] a [Notary Public]
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 th me of:	is Declaration by the production to
Passport No.: [passport] [date of issue] by the authorities of	number] issued on [issuing state].
which is an authority recognised by the Irish Government	
National Identity Card No [Ide	[issuing state]
which is an EU Member State, the Swiss Confederation or a Agreement.	Contracting Party to the EEA
Aliens Passport No. [Document e number] issued on [date of is [issuing state] which is an aut	sue] by the authorities of
Government.	, , , , , , , , , , , , , , ,
Or Refugee Travel Document No. [date of issue] by the Minister for Just	_[Document Number] issued on ice, Equality and Defence.
or Travel Document (other than refugee travel document) No.] issued on [date of issue] by the Defence.	
at Kilk-way Coundly JoAN STROOT [Place o	f Signature]
this 20 day of Jinn UMAZ, 2025	

[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 $\leq 3,000$ or imprisonment for a term not exceeding six months or both.