# **DONATION STATEMENT FORM**

## Local Elections (Disclosure of Donation and Expenditure) Act 1999

## Donation Statement by Member of a Local Authority

[1st January, 2023 to 31st December, 2023]

1. GENERAL INFORMATION					
Name of Member	Maria Dollard  Vianore, Greenshill, Kilkenny				
Address for Correspondence					
Telephone Number	087 4079204				
Email	cllrmaria.dollard@kilkennycoco.ie				
Fax Number	N/A				
Political Party, if any	Green Party				
Local Authority	Kilkenny County Council				
Local Electoral Area	Kilkenny Electoral Area				

	2. DONATIONS	
Figure 1 Section 1		

Did you receive any single donation exceeding €600 in value, or donations from the same person exceeding €600 in aggregate value, between 1st January, 2023 and 31st December, 2023.

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	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
		7				
		2				

<sup>&</sup>lt;sup>1</sup> For example, cash/cheque, use of property, services, etc.

 $<sup>^2</sup>$  For example, family member, friend, company, political party, etc.

#### 4. STATUTORY DECLARTION

I <u>Maria Dollard</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.

C 01 1

Signed:
Declared before me A File Pale (W [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 of:  Passport No.:  Passport No.:  [passport number] issued on Indianate of Indiana
Agreement.  or  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.
Refugee Travel Document No[Document Number] issued on[date of issue] by the Minister for Justice, Equality and Defence.
Travel Document (other than refugee travel document) [Document No.] issued on [date of issue] by the Minister for Justice, Equality & Defence.
at COUNTY HAW WILKENNY [Place of Signature]
this 15 <sup>th</sup> day of 520., 2024
[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  $\le 3,000$  or imprisonment for a term