

DONATION STATEMENT FORM

Local Elections (Disclosure of Donation and Expenditure) Act 1999

Donation Statement by Member of a Local Authority

[1st January, 2018 to 31st December, 2018]

1. GENERAL INFORMATION	
Name of Member	<i>Patrick O' Neill</i>
Address for Correspondence	<i>2, Hillview Crescent, Bennettsbridge, Co. Kilkenny.</i>
Telephone Number	<i>086-1636563</i>
Email	<i>patnail@hotmail.com</i>
Fax Number	<i>N/A</i>
Political Party, if any	<i>Fine Gael</i>
Local Authority	<i>Kilkenny County Council</i>
Local Electoral Area	<i>Kilkenny City East</i>

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, 2018 and 31st December, 2018.

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

¹ For example, cash/cheque, use of property, services, etc.

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

4. STATUTORY DECLARATION

I Patrick O' Neill 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: Patrick O' Neill

Declared before me MARY HEIDA CAJANAGH [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 number] issued on _____ [date of issue] by the authorities of _____ [issuing state], which is an authority recognised by the Irish Government

or

National Identity Card No. _____ [Identity Card Number] issued on _____ [date of issue] by the authorities of _____ [issuing state] which is an EU Member State, the Swiss Confederation or a Contracting Party to the EEA 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.

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) _____ [Document No.] issued on _____ [date of issue] by the Minister for Justice, Equality & Defence.

at Co. DUBLIN, KILKENNY [Place of Signature]

this 21st day of January; 2019 [date]

Mary Heida Cajanagh
[Signature of Witness]

Please note that a witness must 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.

Dear Sirs,
I have the pleasure to inform you that your application for the position of [Job Title] has been reviewed and we are pleased to offer you the position on the following terms and conditions:

[Handwritten signature]

The offer is for a full-time position, starting on [Start Date]. The salary for this position is [Salary] per annum, plus a 13th month payment. You will also be entitled to a gratuity payment of [Gratuity Amount] upon completion of your service.

The terms and conditions of your employment are set out in the attached letter of appointment. Please sign and return this letter to [Address] by [Deadline].

If you have any queries regarding this offer, please contact [Name] at [Phone Number] or [Email Address].

Yours faithfully,
[Name]
[Title]

[Handwritten signature]

[Handwritten signature]

[Handwritten signature]

[Handwritten signature]

[Handwritten signature]

[Handwritten signature]