

umber	Name	Date Received
1	Clir. Larry Brennan	27 January 2025
2	Cllr. Valerie Byrne	27 January 2025
3	Cllr. Liam Callaghan	27 January 2025
4	Cllr. Domnick Connolly	27 January 2025
5	Cllr. Tom Crosby	27 January 2025
6	Cllr. Leah Cull	27 January 2025
7	Cllr. Nigel Dineen	27 January 2025
8	Clir. Laurence Fallon	27 January 2025
9	Cllr. Paschal Fitzmaurice	27 January 2025
10	Cllr. Micheál Frain	30 January 2025
11	Clir. Emer Kelly	27 January 2025
12	Cllr. John Keogh	27 January 2025
13	Cllr. Marty McDermott	27 January 2025
14	Cllr. Sean Moylan	27 January 2025
15	Cllr. John Naughten	
16	Cllr. Gareth Scahill	27 January 2025
17	Cllr. Anthony Waldron	27 January 2025
18	Cllr. Tony Ward	27 January 2025

27 JAN 2025

CORPORATE SERVICES

Appendix 1 - Donation Statement Form

Local Elections (Disclosure of Donation and Expenditure) Act 1999

Donation Statement by Member of a Local Authority

(1 January A to 31 December A:)

1. General Information				
Name of Member	LA RRY BREWWAW APT. 4, DOWN THEHATCH BAR CHURCH ST. ROSCOMMON TOWN			
Address for correspondence	APT. 4, DOWN THEHATCH BAR			
	CHURCH ST. ROSCOMMOIN TOWN			
Telephone number				
	085 1743871			
Email				
	CURLBREUNANG POSEO MMON CUCATE			
Fax number				
Political party, if any				
	FIANNA FAIL			
Local authority	*			
	ROSCOMMON COUNTY COUNCIL			
Local electoral area	ROSCOMMON MD.			

2. Donations

		ling €600 in value, or donations from the same , between 1 January എ എ and
Please tick (√) one box only:	Yes	No 🕢

(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
NIL-						

 ¹ For example, cash/cheque, use of property, services, etc.
 2 For example, family member, friend, company, political party, etc.

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.

Appendix 2 - Certificate for a Statement of a Political Donations Account

LOCAL ELECTIONS (DISCLOSURE OF DONATIONS AND EXPENDITURE) ACT 1999

Appendix 1 - Donation Statement Form ROSCOMMON CO. COUNCIL

ROSCOMMON COUNTY COUNCIL

27 JAN 2025

CORPORATE SERVICES

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	VALERIE BYANE			
Address for correspondence				
	LISDUFF, ELPHIN, CD. ROSCOMMON.			
Telephone number				
	086.8887894.			
Email				
	Mrubyane Groscommoncoco.10			
Fax number				
Political party, if any				
	NON			
Local authority				
	ROSCOMMON			
Local electoral area				
	Boirle.			
	J			

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

Please tick $()$ one box only:	Yes	No V

(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.

l (name) .NALESIS
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 Calopec Egano
Declared before me. John Medic [name in capitals] a [notary public] [commissioner for oaths] [peace commissioner] [practicing solicitor] by VALERIE BYRNE [name of local authority member]
who is personally known to me,
or
who is identified to me by who is personally known to me
whose identity has been established to me before the taking of this Declaration by the production to me of passport no
refugee travel document no
on[date of issue] by the Minister for Justice, Equality and Defence.
at. ALAS AN CHON TAE (ESCONDING) this. Z. Zday of January (
John A Acobsin Solicitor

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

Appendix 1 – Donation Statement Form ROSCOMMON COUNTY COUNCIL

ROSCOMMON CO. COUNCIL

27 JAN 2025

CORPORATE SERVICES

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	Lian CALLACHAN			
Address for correspondence	·			
	RATHMOYLE CASTLEREN			
Telephone number				
	086 3325 839			
Email				
	Ulreullagha @ ruscommence.12			
Fax number				
Political party, if any				
	FINE GAEL			
Local authority	A			
	Losio mmor			
Local electoral area				
	BOYLE N.D.			

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

Please tick $()$ one box only:	Yes		No 🕡
riease lick (v) one box only.	165	LJ	

(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; L	Nic	NiL	NiL	Nit	N.V	N.L

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

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

I (name)Luam
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 Leim Celleghen
Declared before me CARETH SCAHILL [name in capitals] a [notary public] [commissioner for oaths] [peace commissioner] [practicing solicitor] by BALIAM CALLAGHAN ROSCOMMON [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
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
travel document (other than refugee travel document)
at Flos an Chartae, Roscommon [place of signature]
this. 2.7. day of . Dayory. 2025. [date]
Micall
[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

Appendix 1 – Donation Statement Form

ROSCOMMON COUNTY COUNCIL

ROSCOMMON CO. COUNCIL 27 JAN 2025

CORPORATE SERVICES

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	Domwick Connally		
Address for correspondence	DOMNICH CONNORLY MOYLESS FUERTY Low RUSCOMMON		
Telephone number	087		
Email	d. Konnolly a Roscommon		
Fax number			
Political party, if any	FINE GEAL		
Local authority	Roscommon Co. Co.		
Local electoral area	Atalone M.D.		

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

(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
WA	NA	NA	NA	NJA	NA	NIA
į						

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

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

I (name) Dommal Conno 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 Donne Langelle
Declared before me GARETH SCIPHILL [name in capitals] a [notary public] [generation of capitals] [peace commissioner] [practicing solicitor] by
Donnick Cannelly - Rescommen [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
or national identity card no
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
at ARAS an Chontae, Roscommon [place of signature]
this. 2.7day of Sanuary. 2015;[date]
Mahl TC
(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

Appendix 1 – Donation Statement Form ROSCOMMON CO. COUNCIL

ROSCOMMON COUNTY COUNCIL

27 JAN 2025

CORPORATE SERVICES

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. Ge	neral Information
Name of Member	
Address for correspondence	TOM CROSSY TARMONBARRY CO ROSCOMMON
Telephone number	C.C ROSCONIFICIO
Email	086-600-5530
	CLL & TOMCRESRY DEMOUSOR
Fax number	
Political party, if any	NO PARTU
Local authority	ROSCOMMON
Local electoral area	BOYLE

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		No 🔽
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(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
NIL	MA	NA	NA	NA	N/A	N/A

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

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

I (name) 194 CRS do 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 Tom Confidence
Declared before me
Tow CROSBY [name of local authority member]
who is personally known to me,
or
who is identified to me by
whose identity has been established to me before the taking of this Declaration by the production to me of passport no
at And AN OHONTHE ROSCHMUNDER this It day of Jennary Gate John A Act Surp Solicitor [signature of witness] Pack surp Solicitor

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

Appendix 1 – Donation Statement Form ROSCOMMON COUNTY COUNCIL

27 JAN 2025

A. COUNCIL

COMORATE SERVICES

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. Gener	al Information
	_
Name of Member	Leah Cill Tullegraher, Amyra Nul NC80
Address for correspondence	Tullepraker, Angra
	NUL NC80
Telephone number	087 434 9454
Email	chriculle rosconnen cocal
Fax number	
Political party, if any	Sinn Fein
Local authority	Roscommon CC
Local electoral area	Bayle MD

, , ,		ding €600 in value, or donations from the value, between 1 January 2024 and
Please tick (√) one box only:	Yes	No 🔝

(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:/	NV	NR	NA	NA	NX	VA

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

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

I (name)
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
Declared before me Toth IFO.H [name in capitals] a [notary public] [emmissioner for oaths] [peace commissioner] [practicing solicitor] by LCAH QULL [name of local authority member]
who is personally known to me,
or
who is identified to me by who is personally known to me
whose identity has been established to me before the taking of this Declaration by the production to me of
travel document (other than refugee travel document)
at ARIS AN OHON TAK [place of signature] this At day of Immediate [date] [signature of witness] Archives Source

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

Appendix 1 – Donation Statement Form ROSCOMMON COUNTY COUNCIL

ROSCOMMON CO. COUNCIL

27 JAN 2025

CORPORATE SERVICES

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. Gener	al Information
Name of Member	CUR NIGEL +) WOOD
Address for correspondence	CoRBoley, Knock (roghers
Telephone number	CorBoley, Knock (roghers 0862130723 Ros Common
Email	Cult ndineen or ros Common Co co IE.
Fax number	
Political party, if any	INDEPENDENT IRELAND.
Local authority	ROSCOMMON Co. Co.
Local electoral area	Roscomman MD.

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

Please tick ($$) one box only:	Yes	No V

(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
		NA,				

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

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

I (name) N'GEL DINCEN 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 came to be true and by virtue of the Statutory Declarations Act 1938.
Signed Signed
Declared before me
Nice Andeen [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
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[aocument number] issued on
or travel document (other than refugee travel document)
on[date of issue] by the Minister for Justice, Equality and Defence.
at ANAS AN CHONTHE ROSCONICON
this. 27 day of January [date] 25
[signature of witness] PRACTI STRICTOR
[signature of witness] PRACTISTAND SOCIOTOR

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

Appendix 1 - Donation Statement Form ROSCOMMON CO. COUNCIL

ROSCOMMON COUNTY COUNCIL

27 JAN 2025

CORPORATE SERVICES

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. Gener	al Information	
Name of Member	LAURENCE FACLON	
Address for correspondence	BALLASY Inockcooph	
Telephone number	086 8575512	
Email	CUR 2 FALLOW @ Roscomm	1.6
Fax number		
Political party, if any	Nove	:
Local authority	Roscomm u	
Local electoral area	ROSCOMM W ATHLONE	

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		No V
-----------------------------------	--	------

(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
				i ä		
		Me g				

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

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

I (name) AHRBNED FALL. 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
Declared before me
LAURCHE FALLON [name of local authority member]
who is personally known to me,
or
who is identified to me by
whose identity has been established to me before the taking of this Declaration by the production to me of
passport no
or Aliens Passport no(document equivalent to a passport) [passport number] issued on
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)
at ANS AN CHONTAG ROSCOMENON [place of signature]
this 27 day of January [date] 2025
John J. Apollow Solice (signature of witness) Hashing Solice (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

Appendix 1 – Donation Statement Form OSCOMMON CO. COUNCIL

ROSCOMMON COUNTY COUNCIL

27 JAN 2015

CORPORATE SERVICES

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. Gen	eral Information	
Name of Member	PASCHAL FITZMAUDICE	
Address for correspondence	BALLINDRIMLEY CASTLEREA.	
Telephone number	087729980	
Email	dlrp. Fitzmaurice @gmail-1	on.
Fax number		
Political party, if any	FIANNA FAIL	
Local authority	ROS common	
Local electoral area	ROSCOMMON	

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	No 🖂
--	--------------------------------	-----	------

(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
NIL	WIN	NA	NIA	NA	~/~	NIA

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

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

I (name) PASCHAL RTZMALLY (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 As Mark Edward
Declared before me. Je Ch. Kezeca Hname in capitals] a [notary public] [commissioner for oaths] [peace commissioner] [practicing solicitor] by
PASCITULE FITZMANRICE [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
or Aliens Passport no
refugee travel document no
or travel document (other than refugee travel document) [document no:] issued on[date of issue] by the Minister for Justice, Equality and Defence.
at ARAS A-CHONTAE, RASCOMMON [place of signature] this 27th day of January [date]
[signature of witness] Practisi Someton

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

Appendix 1 – Donation Statement Form ROSCOMMON COUNTY COUNCIL

30 JAN 2025

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. Ger	neral Information
Name of Member	Michopa Fagin
Address for correspondence	Michege FRAIN 13AUAGIAAABAN LO. RUSCOMMON
Telephone number	087 - 2250614
Email	(Clr m Frain @ riscemmon cow 1'e
Fax number	
Political party, if any	NON. DARY
Local authority	RUSCOMMON
Local electoral area	BOYLE MD

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	No U

(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
NiL						
NIL						
NIL						

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

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

I (name) MICIEAL FLAIM do solemnly and sincerely declare that the above statemen	nt
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 conscientiousl	У
believing the same to be true and by virtue of the Statutory Declarations Act 1938.	
Signed	
Declared before me Kanucth Mc Jounge Iname in capitals] a [netary public [commissioner for oaths] [peace commissioner] [practicing solicitor] by	;]
MICHEAL FLAIN [name of local authority member]	
who is personally known to me,	
OF-	
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 m	е
passport no	e h
or national identity card no	of e
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	š
refugee travel document no	
or travel document (other than refugee travel document)	
at BACIAGNADELICEN, Co. LOSCOWWD . [place of signature]	
this 30 m day of January 1 (date) 8025	
K W	
signature of witness] KENNETH McDONNELL	
New Street, Ballaghaderreen,	
Please note that a witness <u>must</u> belong to one of the following categories: Commissioner for Oath: Notary Public / Peace Commissioner / Practicing Solicitor: Mobile: 085 8732028	s/
PENALTIES Email: info@kennethmcdonnell.ie	

Appendix 1 - Donation Statement Form ROSCOMMON CO. COUNCIL **ROSCOMMON COUNTY COUNCIL**

27 JAN 2025

CORPORATE SERVICES 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	EMER KELLY		
Address for correspondence	CREEHER, BALLYFORAN, BALLINASLOE, W. ROSCOMMON		
Telephone number	087 0664568		
Email	clirekelly @ roscommon coco. ie		
Fax number	NIA		
Political party, if any	NON - PARTY		
Local authority	ROSCOMMON COUNTY COUNCIL		
Local electoral area	ATHLONE MUNICIPAL AREA.		

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

Please tick ($$) one box only:	Yes	No 🖳

(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.

I (name) LMER KELLY 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 Elles
Declared before me. Fol.+N. KEOG.+(
RMGR KELLY [name of local authority member]
who is personally known to me,
or
who is identified to me by who is personally known to me ² or
whose identity has been established to me before the taking of this Declaration by the production to me of
passport no
or national identity card no
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 and Defence.
at Anas AN CHONTAGE ROSCOMUL [place of signature] this 27 day of January Sozs [date]
John D Lead
(Signature of witness) Wachsup Solution

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

Appendix 1 - Donation Statement Form

ROSCOMMON COUNTY COUNCIL ROSCOMMON CO. COUNCIL

27 JAN 2025

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

Donation Statement by Member of a Local Authority

(1 January 2024 to 31 December 2024)

1. General Information				
Name of Member	CLLR JOHN KEOGH			
Address for correspondence	ROSE COTTAGE CLOONGOWNA BOALNA MULLA, CO. ROSCOMMO			
Telephone number	087 6440534.			
Email	Mikeogl @ rosommoncoo i.			
Fax number	NIA			
Political party, if any	FrANK PAIL.			
Local authority	ROSCOMMON COUNTY Councin			
Local electoral area	ATHLONE.			

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	No V

(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
NIL	N/A	NA	N/A	N/A	NA	N/A
		711.0				

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

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

I (name) Jotth KEOG. H. 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
Declared before me CARETH SCAHLL [name in capitals] a [notary public] [commissioner for eaths] [peace commissioner] [practicing soliciter] by
JOHN KEOCH [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
Swiss Confederation or a Contracting Party to the EEA Agreement or Aliens Passport no
refugee travel document no
travel document (other than refugee travel document)
at Aras AN CHONTRE ROSCOMONON [place of signature] this 27 day of famoury gate]
this Anday of famour a trate of P.C.
[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

Appendix 1 – Donation Statement Form ROSCOMMON COUNTY COUNCIL

ROSCOMMONICO. COUNCIL

27 JAN 2025

CORPORATE SERVICES

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	CLAR. Honod H' Paratt, Muly Hus Form-Mile House			
Address for correspondence	ł I			
	a rescoursor.			
Telephone number				
	CILARIA C ZRANA + OTOSCOMONOCOCC			
Email				
	. '\2 .			
Fax number				
Political party, if any	FIRNZA Faic.			
	THAT FOLL			
Local authority	NOS COR AND			
	CO.CO.			
Local electoral area	MOS COMMON MD.			
	1102 College (C).			

2. Donations

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

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

(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
Nil	NA	MA	NA	NA	MA	MA.

¹ For example, cash/cheque, use of property, services, etc.
2 For example, family member, friend, company, political party, etc.

I (name) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
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 LANT HE TENTOM.
Declared before me Declared before me Declared before me Declared location [name in capitals] a [natary public] [commissioner for oaths] [peace commissioner] [practicing solicitor] by
MARTY MCDCRMOTF [name of local authority member]
who is personally known to me,
or
who is identified to me by
whose identity has been established to me before the taking of this Declaration by the production to me of passport no
at Arab en Chortae Rosco (place of signature) this Pay of femal of [date]
John D. Kert Solicitor

Please note that a witness $\underline{\text{must}}$ belong to one of the following categories: Commissioner for Oaths/ Notary Public / Peace Commissioner / Practicing Solicitor.

PENALTIES

Appendix 1 – Donation Statement Form ROSCOMMON COUNTY COUNCIL

ROSCOMMON CO. COUNCIL

27 JAN 2825

CORPORATE SERVICES

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. Gene	eral Information
Name of Member	Cllr SEAN MOYEN
Address for correspondence	CUT SEAN MOYON QUARTY HELD, CASTLELAN, CAN THUSK CASTLERA CO ROSCOMMON
Telephone number	686 8727675
Email	cllosmogla @ rescommon co co.le
Fax number	
Political party, if any	France Fare
Local authority	Rescours
Local electoral area	Boyce

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

Please tick ($\sqrt{\ }$) one box only:	Yes [No [7
---	-------	------	---

(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
Nila.	N/A.					

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

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

I (name) Sen リー・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・
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 Layh
Declared before me. Total CEDC. H. [name in capitals] a [notary public] [eommissioner for oaths] [peace commissioner] [practicing solicitor] by
Sear MOYLAN [name of local authority member]
who is personally known to me,
or
who is identified to me by
whose identity has been established to me before the taking of this Declaration by the production to me of
passport no
national identity card no
or Aliens Passport no(document equivalent to a passport) [passport number] issued on
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)
at ARIS AN CAONPAE [place of signature]
this 2. T.day of
John DA Heagh
[signature of witness] Partise Solicitor.

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

Appendix 1 - Donation Statement Form ROSCOMMON CO COUNCIL **ROSCOMMON COUNTY COUNCIL**

27 JAN 2025

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. Genera	al Information
Name of Member	GARFIH SCAULL
Address for correspondence	GARETH SCAHILL FORTAGUSTUS CASTLEREA CO ROSCOMMON F45 PYO3
Telephone number	0876747290
Email	cllragscahill@roscommoncoco.ie
Fax number	
Political party, if any	Fine Gael
Local authority	Roscommon
Local electoral area	Roscommon

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	No U

(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
Nil	N/A	NA	WA	VA	NA	NA

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

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

I (name) SARETH SCAHILL 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.
Declared before me. John KEOGH [name in capitals] a [notary public] [commissioner for oaths] [peace commissioner] [practicing solicitor] by Careth Scall [name of local authority member]
[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
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 and Defence.
at FIRAS an ChorTaE, ROSCOMMON [place of signature]
this2.7.day of SANUARY 2015[date]
John D Keop (signature of witness) Fracks in Solicitor
[signature of witness] Tacks in

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

Appendix 1 – Donation Statement Form ROSCOMMON CO. COUNCIL ROSCOMMON COUNTY COUNCIL

27 JAN 2025

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				
Manie of Member	ANTHONY WALDRON			
Address for correspondence	BALLINTUBBER, CASTLEREA			
	CASTLEREA			
Telephone number				
	0867866774			
Email	anthonyWaldron email. com			
	CINQUALDRONA ROSCOMMONICOCO.			
Fax number	NOHE			
Political party, if any	NOW			
Local authority	ROSCOMMON			
Local electoral area				
	ROSCOMMON			

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	No D
		المهدا

(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
	NO	P	PPLIC	PBC		

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

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

	I (name) ANTHONY MALDRON 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 Doce One.
	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 taking of this Declaration by the production to me of passport no
	Swiss Confederation or a Contracting Party to the EEA Agreement Aliens Passport no
	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)
	and the state of t
	at ARAT AN CAON PAS [place of signature] this 27day of Amusery [date] > 25
	Joan 2 Head
6	(Xsignature of witness) Fraction Solver Solv
	-

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

Appendix 1 – Donation Statement Form RUSCOMMON CO. COUNCIL **ROSCOMMON COUNTY COUNCIL**

27 JAN 2020

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. Ge	neral Information
Name of Member	Today ward. Mer
Address for correspondence	Carrick News, Carriage boy, Office, Co Ros
Telephone number	(A) U(K U/KO), (ILMAYA CO)) (I A) (ICC)
Email	1087 9165 226. 090 6488 294 10NY WARD MCC @ EINCON & Not
	MA, TWARD @ Roscomular Co Co. Law et Case
Fax number	
	Mil
Political party, if any	
	NON Pax 19
Local authority	A
	Athlore MD.
Local electoral area	*
	ofth love MD.

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	No 🔀
• • • • • • • • • • • • • • • • • • • •		

(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
NLL	pil	pil	McL	MIL	Mh	NIL

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)
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.
Declared before me. John [peace commissioner] [practicing solicitor] by
75 V WARD [name of local authority member]
who is personally known to me,
or
who is identified to me by
whose identity has been established to me before the taking of this Declaration by the production to me of passport no
this 2 tday of January [base] 25
John D. Hook Solitor

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