Appendix 1 - Donation Statement Form

Date Checked by

2 9 JAN 2022

South Dublin County Council

Local Elections (Disclosure of Donation and Expenditure) Act 1999

Donation Statement by Member of a Local Authority

(1 January 2021 to 31 December 2021)

1. Gene	eral Information
	1
Name of Member	Louise Durre
Address for correspondence	Toanty Hell.
Telephone number	C85-8/60a.8.
Email	Ldune@cllrs.sdublincoco
Fax number	
Political party, if any	Sinn pein. South Dublin.
Local authority	South Dublin
Local electoral area	Tellag It South
2. 1	Donations
	xceeding €600 in value, or donations from the gate value, between 1 January 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

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

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

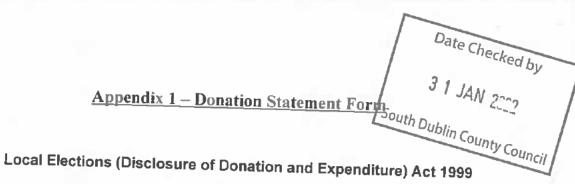
4. Statutory Declaration
I (name) do solemnly and sincerely declare that the above statement
is, to the best of my knowledge and belief, correct in every material respect and that I took all reasonable
action in order to be satisfied as to its accuracy. I make this solemn declaration conscientiously
believing the same to be true and by virtue of the Statutory Declarations Act 1938.
Signed Laix Dune
Declared before meb. Converted
who is personally known to me,
rat ^a
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
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
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 and Defence.
at. Civic H& Toll HgW [place of signature]
this 31. day of \$1662072 [date]
Proceed and o
100

[signature of witness]

Please note that a witness \underline{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.



Donation Statement by Member of a Local Authority

(1 January 2021 to 31 December 2021)

1. General Information				
Name of Member	01.1111			
Address for correspondence	Patrict Holohan 123 Droncora ar Josstn Tallaglt D24			
Telephone number				
Email	085-1249388			
Fax number	PHolohan Calles, Soublincoco.1e			
Political party, if any				
ocal authority	Co-			
ocal electoral area	SDCC Tallaght South			

2. Donations

Did you receive any single don same person exceeding €600 in 31 December?	ation agg	excee regate	eding €600 in value, or donations from the value, between 1 January and
Please tick (√) one box only:	Yes		No 🔃

(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
		N9				

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

I (name) Patrict Holphan 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. Patrict Hilatian [name in capitals] a [notary public] [commissioner for oaths] [peace commissioner] [practicing solicitor] by patrices Halatian [name of local authority member]
who is personally known to me,
DF-
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 [33744894] passport no. [passport number] issued on [151-16] [date of issue] by the authorities of [issuing state], which is an authority recognised by the Irish Government 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 Aliens Passport no. [date of issue] by the authorities of [issuing state] which is sued on [date of issue] by the authorities of [issuing state] which is
an authority recognised by the Irish Government
refugee travel document no
travel document (other than refugee travel document)
at CV/E Jajace of signature]
this 3.1day of
Mospolano 10.
[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 €3,000 or imprisonment for a term not exceeding six months or both.



Appendix 1 - Donation Statement Form

Local Elections (Disclosure of Donation and Expenditure) Act 1999

Donation Statement by Member of a Local Authority

(1 January 2021 to 31 December 2021)

1. General Information		
Name of Member	BABY PERESPADAN	
Address for correspondence	27 HEATHER VIEW LAWN AYLESBURY-TALLAGHT. DUBLIN 24	
Telephone number	0872930719	
Email	bpereppedan Oclas Soudinco co.1e	
Fax number		
Political party, if any	FINE GAEL	
Local authority	SOCC	
Local electoral area	Tallaght South.	

2 Donations

	2. Donat	10113	
Did you receive any single do same person exceeding €600 31 December?			
Please tick (√) one box only:	Yes	No 🖵	

- 445	(0)					
(1)	(2)	(3)	(4)	(5)	(6)	(7)
Value of	Name and	Nature of	Description	The date	If the	Was a receipt
Donation	Address	Donation ¹	of Donor ²	on which	donation was	issued to the
(€)	Of Donor			the	requested	Donor in respect
				donation	from the	of the donation?
				was	Donor, what	
	İ			received	is the name	If yes, provide
					and postal	the date on
i	}				address	which
					of the person	the receipt
					who	issued and the
					requested the	name of the
					donation	person
ļ	ļ					who issued the
						receipt
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 ¹ For example, cash/cheque, use of property, services, etc.
 2 For example, family member, friend, company, political party, etc.

I (name) BABY PEREPRADED 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. ACAN NAMES [name in capitals] a [netary public] [commissioner for oaths] [peace commissioner] [practicing selicitor] by BABY PEREPPADAN [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
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
at COUNTY UACC TACLACUT [place of signature]Clir Alan Hayes this 27 day of SANUARY [date] 2022 Peace County Hall County Hall Tallaght Tallaght Ph: 087 963 7744
Al A-S
[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 €3,000 or imprisonment for a term not exceeding six months or both.



Appendix 1 - Donation Statement Form

2 7 JAN 2022

Corporate Services

Local Elections (Disclosure of Donation and Expenditure) Act 1999

Donation Statement by Member of a Local Authority

(1 January 2019 to 31 December 2019)

EST DOLLETES AND	Casa Salaria
lame of Member	Deemot Lichneces
Address for correspondence	Deenot Richarcason Socc County Hard Tallagua Dush 24
Telephone number	0872536468
Email	
Fax number	
Political party, if any	Simpein.
Local authority	South Duser Country Council Talkant South
Local electoral area	Talland Souther

2. Donations

Did you receive any single donation exceeding same person exceeding €600 in aggregate valu	€600 in value, or donations from the e, between 1 January 2019 and
31 December 2019?	
G	/

ease tick (√) one box only: Yes		No 🗔
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(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
				Garak	IDGITUM A	receipt
					Vric# Atsi	Here!
						is lessed
8. G		N			AND DOOR	ade from

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

I (name) Does Acutoras 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 Charles
Declared before me OCNNON [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,
ZOI TO
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
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)
1/11 2
at Kullmaria [place of signature]
this 2. day of
Mogolom o
[signature of witness]

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

South Dublin County Council

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3 1 JAN 2022

Local Elections (Disclosure of Donation and Expenditure)

Appendix 1 – Donation Statement Form

3 1 JAN 2022

Donation Statement by Member of a Local Authority

(1 January 2021 to 31 December 2021)

1. General Information			
Name of Member	LEAH WHELAN		
Address for correspondence	13 ARD MOR WALK FORTUNESTOWN TALLAGHT, D-24		
Telephone number	085 236 2148		
Email	1. Whelen @ elles. SDublin coco.ie		
Fax number			
Political party, if any	SOLIDARTY SOCIALIST PARTY		
Local authority	SDCC		
Local electoral area	DSW		

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 スペルル and
31 December Aald?

Please tick ($$) one box only:	Yes	No [又
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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
			,			

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

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

I (name) Leah Whelen 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 Levis Manual Communications and Statutory Declarations Act 1938.
Declared before me
who is personally known to me,
pl .
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 passport no
refugee travel document no
[signature of witness]

Please note that a witness \underline{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.