# Appendix 1 – Donation Statement Form

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

# Donation Statement by Member of a Local Authority

(1 January 2023 to 31 December 2023)

1. General Information		
Name of Member	Peter Conlon	
Address for correspondence	Monalty Carrickmacross	
Telephone number	0879498257	
Email	peter.conlon@cllr.monaghancoco.ie	
Fax number	N/A	
Political party, if any	Fine Gael	
Local authority	MONAGHAN COUNTY COUNCIL	
Local electoral area	Carrickmacross / Castleblaney	

### 2. Donations

Did you receive any single donation	exceeding €600 in value	, or donations from the s	same person exceeding
€600 in aggregate value, between 1	January 2023 and 31 Dec	cember 2023?	

Did you receive any single donation exceeding \$600 in value, or donations from the same person exceeding
€600 in aggregate value, between 1 January 2023 and 31 December 2023?
Yes No

### 3. Details of each Donation

(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
N/A	N/A	N/A	N/A	N/A	N/A	N/A

#### 4. Statutory Declaration

I (name) Peter Conlon 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:	Peter Conlon	Dated: 31/01/2024
	me <b>Cllr. David Maxwell</b> [name in capitals] a [n practicing solicitor] by <b>Peter Conlon</b> [name of l	
who is personall	y known to me,	
or		
who is identified	I to me by who is personally known to me	
or		
whose identity h	nas been established to me before the taking of	f this Declaration by the production to me of
	[passport number] issued on[ ing state], which is an authority recognised by	- •
or		
•	suing state] which is an EU Member State, the S	ed on[date of issue] by the authorities Swiss Confederation or a Contracting Party to
or		
•	no[document equivalent to a pas of issue] by the authorities of[issuing s nt	·
or		
•	ocument no[document number] issu lity and Defence	ed on[date of issue] by the Minister
or		
	t (other than refugee travel document)late of issue] by the Minister for Justice, Equalit	

at Killymarley [place of signature]

Signed:	Cllr. David Maxwell

[signature of witness]

this 31 day of January 2024 [date]

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.