Appendix 1 – Donation Statement Form

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	Michael Leainde
Address for correspondence	Ballinahown Co. Galway
Telephone number	0863134491
Email	mleainde@cllr.galwaycoco.ie
Fax number	0
Political party, if any	Independent Ireland
Local authority	GALWAY COUNTY COUNCIL
Local electoral area	Conemara South

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?

○ 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
€0.00	n/a	n/a	n/a	n/a	n/a	n/a

4. Statutory Declaration

I (name) Michael Leainde 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:	***Michael Leainde***	Dated: 28/01/2025

Declared before me **THOMAS WELBY** [name in capitals] a [notary public] [commissioner for oaths] [peace commissioner] [practicing solicitor] by **Michael Leainde** [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

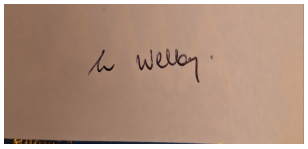
refugee travel document no. ……..[document number] issued on ……..[date of issue] by the Minister for Justice, Equality and Defence

or

travel document (other than refugee travel document) ……[document no.] issued on ……..[date of issue] by the Minister for Justice, Equality and Defence.

at **County Hall, Galway** [place of signature]

this **30** day of **January 2025** [date]

Signed: 

[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.