



Comhairle Contae Thiobraid Árann
Tipperary County Council

Donation Statement Form

Local Elections (Disclosure of Donation and Expenditure) Act 1999

Donation Statement by Member of a Local Authority

(1 January 2022 to 31 December 2022)

1. General Information	
Name of Member	MICHEAL ANGLIM
Address for correspondence	BALLYLAFFIN ARDFINNAN CLONMEL CO TIPPERARY
Telephone number	086 0251277
Email	micheal.anglim@clr.tipperarycoco.ie.
Fax number	
Political party, if any	FIANNA FAIL
Local authority	TIPPERARY
Local electoral area	TIPPERARY CAMIR CASHMEL.



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 2022 and 31 December 2022

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 (name) Michael Anglin 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 Anglin

Declared before me.....[name in capitals] a [notary public]
[commissioner for oaths] [peace commissioner] [practicing solicitor] by
Michael Anglin.....[name of local authority member]

who is personally known to me,

or

who is identified to me by Michael Anglin 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 Summit Office 6 Lomel [place of signature]

this 10 day of February [date] 2023

Michael Fitzgerald MCC P.C.
[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.

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

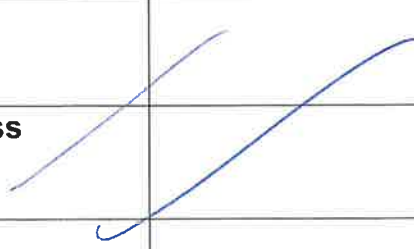
LOCAL ELECTIONS (DISCLOSURE OF DONATIONS AND EXPENDITURE) ACT 1999

CERTIFICATE TO ACCOMPANY STATEMENT
FROM A FINANCIAL INSTITUTION OF A POLITICAL DONATIONS ACCOUNT
FROM A MEMBER OF A LOCAL AUTHORITY

THIS CERTIFICATE IS NOT FOR PUBLIC DISPLAY

Name of Member	MICHEAL ANGLIM.
Address	BALLYCAFFIN ARDFINNAN CLONMEL Co TIPPERARY
Local authority	

I hereby declare that a donation for political purposes exceeding €100 and subsequent donations received by me during the year (insert year) were lodged to the following political donations account, a statement of the account for which is attached, and that all amounts debited (excluding charges by the institution) were used for political purposes.

Account Number	
Financial Institution address	
Date account opened	

Signed: Micheal Anglim Date: _____

Statutory Declaration

I (name) Michael Anglin 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 Anglin

Declared before me.....[name in capitals] a [notary public] [commissioner for oaths] [peace commissioner] [practicing solicitor] by Michael Anglin.....[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

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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..... [place of signature]

this..... day of[date]

.....
[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.

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