

**SWORN STATEMENTS OF ASSETS AND LIABILITIES AND NETWORTH
DISCLOSURES OF BUSINESS INTERESTS AND FINANCIAL CONNECTIONS
AND IDENTIFICATION OF RELATIVES IN THE GOVERNMENT SERVICE**

As of December 31, 20 09
(Required by R.A.6713)

Name: MANAIG MARILYN N. Position/Income: INSTRUCTOR
Surname First name M.I. Office: DSE - CE
Address: PRINCIPAL'S COTTAGE Office Address: VISCA CAMPUS, BAYBAY CITY
VSU

Spouse Name: (DECEASED) MANAIG CHRISTOPHER G. Position: _____
Surname First name M.I. Office: _____

Unmarried children below 18 years of age

Name	Date of Birth
1. <u>RAFAELA N. MANAIG</u>	<u>JAN. 3, 1999</u>
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

A. ASSETS, LIABILITIES AND NET WORTH

1. ASSETS
a. Real Properties

Kind	Location	Year Acquired	Mode of Acquisition	Assessed Value	Current Market Value	Acquisition Cost	
						Land, Bldg. Etc.	Improvement
<u>NA</u>							

b. Personal and Other Properties

Kind	Year Acquired	Acquisition Cost
<u>LAPTOP COMPUTER</u>	<u>2009</u>	<u>GIFT FROM A RELATIVE</u>

c. Liabilities (loans, mortgages, etc.)

Nature	Name of Creditors	Amount
<u>NA</u>		
NET WORTH (Total Assets (1a+1b) - Total Liabilities(2))		

B. BUSINESS INTERESTS AND FINANCIAL CONNECTIONS

Do you have any business interests and other financial connections including those of your spouse and unmarried children below 18 years of age living with you in your household? Yes No. If yes, give particulars:

Name	Name of Firm/Company	Address	Nature of Business Interest and/or Financial condition	Date of Acquisition

C. IDENTIFICATION OF RELATIVES IN THE GOVERNMENT SERVICE

To the best of your knowledge, are you related within the fourth degree of consanguinity or of affinity to anyone working in the government? Yes No. If yes, give particulars:

Name	Position	Relationship	Name/Address of Office
IMELDA N. SABANAL	PUBLIC SCH. TEACHER	SISTER	ANTONGALON ELEM. SCH., ANTONGALON BUTUAN CITY

(Note: Please use additional forms if necessary)

I hereby certify to the best of my knowledge and information, that these are true statements of my assets, liabilities, net worth, business interests and financial connections, including those of my spouse and unmarried children below 18 years of age and names of my relatives in the government as of December 31, 19__ , as required by and in accordance with Republic Act 6713.

I hereby authorize the Ombudsman or his duly authorized representative to obtain and secure from all appropriate government agencies, including the Bureau of Internal Revenue, such documents that may show my assets, liabilities, net worth, business interests and financial connections, to include those of my spouse and unmarried children below 18 years of age living with me in household covering previous years to include the year I first assumed office in the government.

Date JULY 1, 2010

Signature of Spouse

Signature

TIN: _____
Comm. Res Cert. No. _____
Issued at: _____
Date Issued: _____

TIN: _____
Comm. Res. Cert. No. 31891401
Issued at: BAYBAY CITY
Date Issued: JUNE 7, 2007

SUBSCRIBED AND SWORN TO before me this 1st day of July 2010, affiant exhibiting his Residence Tax Certificate as indicated above.

Chelle Marie P. Polo-Tesoren

Person Administering Oath
BAYBAY CITY, BRANCH 14, BAYBAY