# SWORN STATEMENTS OF ASSETS AND LIABILITIES AND NETWORTH SEAVE BE SHOWN AND IDENTIFICATION OF RELATIVES IN THE GOVERNMENT SERVICE BY SELECTION OF RELATIVES IN THE GOVERNMENT SERVICE

unmarried children below 18 years of age of 92,18 redmes of Abousehold? [] Yes [] No. If yes, give particulars:

| Name: MANAIG MARILYN N. Position/Income: INSTRUCTOR  | Nam        |
|--|------------|
|  | THEFT      |
| Surname First name M.I. Office: DSE - CE   |            |
| Address: PRINCIPAL'S COTTAGE Office Address: VISCA CAMPUS, BAY                                 | BAY CITY   |
| VSU  |            |
| (DECEASED)   |            |
| Spouse Name: MANAIG CHRISTOPHER G, Position:   |            |
| Surname First name M.I Office:   |            |
|  |            |
| Unmarried children below 18 years of age   |            |
|  |            |
| Name Date of Birth   |            |
| 1. RAFAELA N. MANAIG JAN. 3, 1999  |            |
| C. IDENTIFICATION OF RELATIVES IN THE GOVERNMENT SERVICE . 2                                   | 3.5        |
| 3.   |            |
| of your knowledge, are you related within the fourth degree of consanguinity or of affinity to | To the bes |
| king in the government? [AYes   INo. If yes, give particulars:                                 |            |
|  |            |
| A. ASSETS, LIABILITIES AND NET WORTH   |            |
| ame Position Relationship Name/Address of O ZTEZZA.1   | N          |
| a. Real Properties   |            |
| SABANAL PURILG SQL TEACHER SISTER ANTONOMION BLEIM SCH, ANTONOM                                | M AGJEMI   |

| Kind         | Location        | Year           | Mode of       | Assessed      | Current         | Acquisit            | ion Cost         |
|--------------|-----------------|----------------|---------------|---------------|-----------------|---------------------|------------------|
|              |                 | Acquired       | Acquisition   | Value         | Market<br>Value | Land, Bldg.<br>Etc. | Improve-<br>ment |
| NA           |                 |                |               |               |                 |                     |                  |
|              |                 |                |               |               |                 |                     |                  |
|              |                 |                |               |               |                 |                     |                  |
|              |                 |                |               |               |                 |                     |                  |
|              |                 |                |               | sary)         | forms if acce   | use additiona       | (Note: Please    |
|              |                 |                |               |               |                 |                     |                  |
| nems of my   | are true states | il, that these | pilamiolai ba | knowledge a   | ne best of my   | by certify to       | l here           |
| spouse and   | a those of my   | ions, incindin | meial connect | nests and inn | Dusiness inte   | es, net worth       | issets, liabilit |
| .10 T9Un1905 | MICHERS OF THE  | TISMOS SOUTH   | OVIDED VIDE   | e and names o | X Veges of age  | walled gethle       | do horrigana     |

#### b. Personal and Other Properties

| native to obtain bain ecure from all | lsman or h beriupa Year Acquired to name | udmO ad Acquisition Cost                 |
|--------------------------------------|--|--|
| LAPTOP COMPUTER 1200 dalle all       | cluding the Bureau of POOgal Revel       | GIFT FROM A RELATIVE                     |
| s, to include those of my spouse and | ess interests and financial connection   | my assets, liabilities, net worth, busin |
| ering previous years to include the  | age living with me in household co       | unmarried children below 18 years        |
|                                      | rument.                                  | year I first assumed office in the gov   |
|                                      |  |  |
|                                      |  | Date JULY - 1 2010                       |
|                                      |  |  |

, as required by and in accordance with Republic Act 6713.

#### c. Liabilities (loans, mortgages, etc.)

|                  | Nature 3.00.1          | Name of Creditors  | Comm. Res CinnomA                     |
|------------------|------------------------|--|---------------------------------------|
| NA               | BAXBAY CITY            | Issued at:   | Issued at:                            |
|                  | LOST IL BINDE          | Date Issued:   | Date Issued:                          |
| zoroz amant      | 10                     | CN TO before me this 1 day   | SUBSCRIBED AND SWOL                   |
|                  | ALEX I IS              | He as indicated above.   | exhibiting bis Residence Lax Certific |
| -                | THE WALL               | TO THE PARTY OF TH |                                       |
| 19121170         | 21 - 020 1 - 3 - 2016) | 1 alabated NO  |                                       |
| <b>NET WORTH</b> | (Total Assets (1a+1b)  | ) - Total Liabilities(2)   |                                       |

### B. BUSINESS INTERESTS AND INANCIAL 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 | Noitico Address |       | Nature of Business                  | Date of         |
|-------------|----------------------|-----------------|-------|-------------------------------------|-----------------|
| BAVAAY CITY | DSF - CE             | Office Ad       | ML    | Interest and/or Financial condition | Acquisition     |
|             |                      |                 |       |                                     | <u> </u>        |
|             |                      | Position:       | ) 79u | MAKLATE CHRISTOF                    | Spouse Name:    |
|             |                      | Officer         | M     | uraame First nam                    |                 |
|             |                      |                 | 120   | ren below 18 years of               | Unmarried child |
|             | drugs to profit      |                 |       | Seese                               |                 |
|             | Date of Burn         |                 | 991   | tren below 18 years of Name         | dido bernam     |

## 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. TEACHE | SISTER           | ANTON GALON ELEM. SCH., ANTONG |  |  |
| Acquisition Cost     | sed Current        | Mode of Asses    | BUTUAN COTY brid               |  |  |
| nd, Bldg.   Improve- | e Market La        | Acquisition Valu | Acquired                       |  |  |
| Etc. ment &          | Value              |                  |                                |  |  |
|                      |                    |                  | NA AM                          |  |  |
|                      |                    |                  |                                |  |  |
|                      |                    |                  |                                |  |  |

(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.

| Jour I may work the same of th |  |
|--|--|
| Date JULY 1, 2010  |  |
| Signature of Spouse TIN:   | TIN:   |
| Comm. Res Cert. No   | Issued at: BAYBAY CITY Date Issued: JUNE 7, 2007   |
| SUBSCRIBED AND SWORN TO be exhibiting his Residence Tax Certificate as indicated as | fore me this 4 day of July 20/5, affiant ated above.   |
|  | CHELLE MAKEP, POLO - TESOREM  CRESSON Administration Oath  CRESSON ACCOUNTS AND ACC |