SWORN STATEMENT OF ASSETS, LIABILITIES AND NET WORTH

As of FE 18, 2023
(Required by R.A. 6713)

Note: Husband and wife who are both public officials and employees may file the required statements jointly or separately. \Box Joint Filing \Box Separate Filing \Box Not Applicable

(Required by R.A. 6/13

DECLARANT:	TIMOSA MIRA LUNA T.			POSITION: INS		INSTR	RUCTOR I	
	(Family Name)	(First Name)	(M.I.)	AGENCY/OFFICE:			TE UNIVERSITY-	
ADDRESS:	THOUGH DAY OVER							
SPOUSE:	N/A		*	POSITION:			N/A	
	(Family Name)	(First Name)		AGENCY/OFFICE:	-		N/A	
				OFFICE ADDRESS:		N/A		
UNMARRI	ED CHILDREN BE	CLOW EIGHTEEN	(18) YEARS O	F AGE LIVING	N DEC	LARANT'	S HOUSEHOLD	
	NAM			DATE OF BIRTH			AGE	
	N/A	A		N/A			N/A	
	N/A			N/A			N/X	
 ASSETS a. Rea 	(Including 1 Properties*	those of the spous	e and unmarri	D NETWORTH ed children belot ant's household)	w eighte	een (18)		
DESCRIPTION (e.g. lot, house and			ASSESSED	D CURRENT FAIR A		ISITION	ACQUISITION COST	
lot, condominium and improvements)	andominium commercial, industrial,				YEAR	MODE		
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
N/A	N/A	10/%	10/3	N/A	N/A	N/A	N/A	
N/A	N/A	P/A	N/A	N/A	P/A	N/A	N/A	
	nal Properties*			-		Subtotal	:N/A	
DESCRIPTION				YEAR ACQUIRED			ACQUISITION COST/AMOUNT	
							THE RESERVE AND DESCRIPTION OF THE PERSON NAMED IN	
LAPTOP				2020			29,000.00	
LAPTOP CELLPHON	E			2020 2020			8,000.00	
CELLPHON	E			2020 N/A			8,000.00 N/A	
CELLPHON	E			2020			8,000.00	
CELLPHON	E			2020 N/A		Subtotal :	8,000.00 N/A	
CELLPHON	E			2020 M/A µ//>		Subtotal : ETS (a+b):	8,000.00 <i>U/A</i> <i>N/K</i> 37,000.00 37,000.00	

2. LIABILITIES*

NATURE	NAME OF CREDITORS	OUTSTANDING BALANCE	
N/A	N/A	N/A	
N/A	NA	N/A	
N/A	N/\$	N/K	

TOTAL LIABILITIES: N/A

NET WORTH: Total Assets less Total Liabilities = 37,000.00

BUSINESS INTERESTS AND FINANCIAL CONNECTIONS

(of Declarant's spouse/ Unmarried Children Below Eighteen (18) years of Age Living in Declarant's Household)

— I/We do not have any business interest or financial connection.

NAME OF ENTITY/BUSINESS ENTERPRISE	BUSINESS ADDRESS	NATURE OF BUSINESS INTEREST &/OR FINANCIAL CONNECTION	DATE OF ACQUISITION OF INTEREST OR CONNECTION	
N/A	N/A	N/A	N/A	
N/A	N/A	N/A	№/ ★	

RELATIVES IN THE GOVERNMENT SERVICE

(Within the Fourth Degree of Consanguinity or Affinity. Include also Bilas, Balae and Inso)

□ I/We do not know of any relative/s in the government service)

NAME OF RELATIVE	RELATIONSHIP	POSITION	NAME OF AGENCY/OFFICE AND ADDRESS		
N/A	N/A	N/A	N/A		
N/A	N/A	N/A	N/A		

I hereby certify that these are true and correct statements of my assets, liabilities, net worth, business interests and financial connections, including those of my spouse and unmarried children below eighteen (18) years of age living in my household, and that to the best of my knowledge, the above-enumerated are names of my relatives in the government within the fourth civil degree of consanguinity or affinity.

I hereby authorize the Ombudsman or his/her 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 my household covering previous years to include the year I first assumed office in government.

Date: March 24	, 2023					
Tottimoso		N/A				
(Signature of Declarant)		(Signature of Co-Declarant/Spouse)				
Government Issued ID:	passport	Government Issued ID:	N/A			
ID No.:	P8513230A	ID No.:	N/A			
Date Issued:	2018	Date Issued:	N/A			

SUBSCRIBED AND SWORN to before me this 9 1 way of 123, affiant exhibiting to me the above-stated government issued identification card.

ATTY. RYSAN C. GUINOCOL (Person Administering Oath)

^{*} Additional sheet/s may be used, if necessary.