SWORN STATEMENT OF ASSETS, LIABILITIES AND NET WORTH August 2016 As of Note: Husband and wife who are both public officials and employees may file the required statements jointly or separately. ☐ Separate Filing ✓ Not Applicable ☐ Joint Filing M. 6ica Mae Claudine POSITION: DECLARANT: (First Name) (M.I.) (Family Name) AGENCY/OFFICE: Communication Siapon District State University OFFICE ADDRESS: ADDRESS: metida, , Baybay City N/A SPOUSE: POSITION: (Family Name) (First Name) (M.I.) AGENCY/OFFICE: OFFICE ADDRESS: UNMARRIED CHILDREN BELOW EIGHTEEN (18) YEARS OF AGE LIVING IN DECLARANT'S HOUSEHOLD DATE OF BIRTH NAME N/A NIA NIA NIA NIA N/A ASSETS, LIABILITIES AND NETWORTH (Including those of the spouse and unmarried children below eighteen (18) years of age living in declarant's household) 1. ASSETS Real Properties* a. LOCATION ACQUISITION ACQUISITION COST ASSESSED CURRENT FAIR DESCRIPTION KIND (e.g. lot, house and lot, condominium and improvements) le.g. residential. VALUE MARKET VALUE commercial, industrial agricultural and mixed (As found in the Tax Declaration of YEAR MODE Real Property) Subtotal: b. Personal Froperties YEAR ACQUIRED ACQUISITION COST/AMOUNT DESCRIPTION 2011 000 iphone 55 2016 000 (35,000) Subtotal: TOTAL ASSETS (a+b): 35,000 2. LIABILITIES* NATURE NAME OF CREDITORS OUTSTANDING BALANCE NIA TOTAL LIABILITIES: NET WORTH : Total Assets less Total Liabilities =

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

BUSIN S INTERESTS AND FINANCIAL CONSCITIONS

(of Declarant / 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		
MCG Enterprises	Lipotada St. Pob Merida,	layte Direct Sellin6	January 2016		

RELATIVES IN THE GOVERNMENT SERVICE

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

	1/1	Ve do	not	know of	any	relative/	s in	the	government	service)
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NAME OF RELATIVE	RELATIONSHIP	POSITION	NAME OF AGENCY/OFFICE AND ADDRESS
Edna H. Miasa	Auntie	Sr. Inspector Exam	iner LTO OMOC
Novalun M. Arrabis	Auntie	Teacher II	Dept of Socood North High School
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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:

(Signature of Declarant)	(Signature of Co-Declarant/Spouse)
Government Issued ID: ID No.: Date Issued: Date Issued: Diver's Ucense H03-12-000657 Feb. 10, 2015	Government Issued ID: ID No.: Date Issued:
	AUG 2 4 2016
SUBSCRIBED AND SWORN to before me this government issued identification card.	day of, affiant exhibiting to me the above-stated
	(Person Administering Oath)