SWORN STATEMENT OF ASSETS, LIABILITIES AND NET WORTH As of DECEMBER 2018 -5

(Required by R.A. 6713)

DECLARANT:	CUTAMORA	CHAMLE MAILK	F	POSITION:	ADMIN	AIDE-III
	(Family Name)	(First Name)	(M.I.)	AGENCY/OFFICE:		GSD
ADDRESS:	TANDANG SOM	· CT.		OFFICE ADDRESS:	ViSCA	, Baybay City, Leyte
	BAY BAY CITY,					
SPOUSE:	CUTAMONA	Nora	C	POSITION:		
	(Family Name)	(First Name)	(M.I.)	AGENCY/OFFICE:		
				OFFICE ADDRESS:		
CHARLE	NA ES GAVIN CABIL	ME LON CUTAMORA		DATE OF BIRTH		AGE 5 yrs Imonth
CHARLE	NA S GAVIN CABIL	ME LON CUTAMORA 31LLON CUTAMORA	<u> </u>	DATE OF BIRTH		AGE
CHARLE	NA ES GAVIN CABIL THA MACY CABI Y CATE CABIL	ME LON CUTAMORA BILLON CUTAMORA LON CUTAMORA ASSETS, LIA I those of the spouse	BILITIES A	DATE OF BIRTH NOVEMBER 2, 2013 MAY 4, 2017 CEPTEMBER 14, 2016 AND NETWORTH Tried children below eight	3	AGE Syrs Imonth Tyr 7 month Zmonth
CHARLE	NA ES GAVIN CABILITY THE MACY CABILITY OF CATE CABILITY (Including	ME LON CUTAMORA BILLON CUTAMORA LON CUTAMORA ASSETS, LIA I those of the spouse	BILITIES A	DATE OF BIRTH NOVEMBER 2, 2013 MAY 4, 2017 CEPTEMBER 14, 2016 AND NETWORTH	3	AGE 5 yrs Imonth 1 yr 7 months 2 months

lot, condominium commercial, indus	(e.g. residential,	LOCATION	ASSESSED	CURRENT FAIR MARKET VALUE	ACQU	ACQUISITION ACQUISI	
	agricultural and mixed		(As found in the Tax Declaration of Real Property)		YEAR	MODE	
ye e just		rub 5] Their	day (Unito 1	rivings on the east	gam, m	propert of	
	da II da I		HB 2811	-77.71.4.11.11	-	dus	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
							11 10
						Subtotal:	MA

b. Personal Properties*

YEAR ACQUIRED	ACQUISITION COST/AMOUNT
2017	10,000
2017	89,000
	2017

99,000 Subtotal:

TOTAL ASSETS (a+b):

2. LIABILITIES*

NATURE	NAME OF CREDITORS	OUTSTANDING BALANCE
Consol Loan	GS 1G	71.708.57
Politay Loan	GSIS	2,939.22
Emergency Loan	GSIS	13,739.90
Home Emergency Loan	GSIC	18,953.78
	TOTAL LIABIL	

NET WORTH: Total Assets less Total Liabilities = -16,341-77

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

BUSINESS INTERESTS AND FINANCIAL CONNECTIONS

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

2 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
19 - 5 10 1 - 10 - 10 - 10 - 10 - 10 - 10	Alternative State of the State	And a selection	
	THE PROPERTY OF THE PARTY OF TH		
			as estimated to

RELATIVES IN THE GOVERNMENT SERVICE

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

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

NAME OF RELATIVE	RELATIONSHIP	POSITION	NAME OF AGENCY/OFFICE AND ADDRESS
	4		
	7		

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.

(Signa	MAIN COTAMONA ature of Declarant)	(Signature of Co-Declarant/Spouse)
Government Issued ID: ID No.: Date Issued:	UMID CRN-021-1326-8543-1	Government Issued ID: ID No.: Date Issued:
SUBSCRIBED AN	ID SWORN to before me this _	day of, affiant exhibiting to me the above-star
overnment issued ide	ittilication card.	N