CTITODAT	COM A CONTRACTORION	OF ACCEMO	LIABILITIES	A BIT	RIET	WODTH
SWUKN	SIAIRIVIENI	UF ASSELS.	LIABILITIES	MILL	NEL	WUKIH

		oint Filing	☐ Separate Fi		statements jointly or separately. licable
ECLARANT:	CURAY	MA. GRACE	MORVIRING		INSTRUCTOR I
DDRESS:	(Family Name)	(First Name)	(M.I.)	AGENCY/OFFICE: OFFICE ADDRESS:	DEPT. OF AGRICULT VISCA, BAYBAY CMY, LEYTE
POUSE:	N/A			POSITION:	N/A
	(Family Name)	(First Name)	(M.I.)	AGENCY/OFFICE: OFFICE ADDRESS:	
				The state of the s	
UNMARRI			I (18) YEARS (		DECLARANT'S HOUSEHO
UNMARRI	ED CHILDREN BE		I (18) YEARS (	DF AGE LIVING IN	AGE
UNMARRI	NAM		I (18) YEARS (	DATE OF BIRTH	AGE

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\*

DESCRIPTION (e.g. lot, house and	KIND (e.g. residential,	EXACT LOCATION	ASSESSED	CURRENT FAIR MARKET VALUE	ACQU	ISITION	ACQUISITION COST	
lot, condominium and improvements)	commercial, industrial, agricultural and mixed use)		(As found in the Tax Declaration of Real Property)		YEAR MODE			
WA	4/1		10. 10. 15. 11 H				545017070	
	\ / \ _	and the state of t	trait is 503					
			94 E 1 1 1				9 I	
J \ V			1 - 372 - 11 =					

Subtotal:

#### b. Personal Properties\*

DESCRIPTION	YEAR ACQUIRED	ACQUISITION COST/AMOUNT
ACER NETTODOK	2014	P46,000-0
GALAXY V; SHIMAWG	2015	P1,000.00
7		

Subtotal:

TOTAL ASSETS (a+b): \_

<sup>\*</sup> Additional sheet/s may be used, if necessary.

#### 2. LIABILITIES\*

NATURE	NAME OF CREDITORS	OUTSTANDING BALANCE
A / A		
	MOMAL TYADIT	

TOTAL	LIABILITIES:		
		SHAROLD SERVICE STREET, SANS TO SHAROLD SERVICE STREET, SANS T	ø

NET WORTH: Total Assets less Total Liabilities =

### BUSINESS INTERESTS AND FINANCIAL CONNECTIONS

(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
MA			

#### 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
EVANGELINE M. UNGAR	NIECE	PRINCIPAL I	DEP. ED / UNTAGA EVEM. SCHOOL, UNTAGA
			AUCIA, BOHOL
Maril of the second contractions	THE REPORT OF THE RESERVE		10 ( ) 20
78.1		27127	Magnetic and the second
	1/4		

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: Septem	ber 13, 2016	E Low	1
	Cys	NA	
(Signal	ure of Declarant)	(Signature of Co-	Declarant/Spouse)
Government Issued ID: ID No.: Date Issued:	12-02547 5889-9	Government Issued ID: ID No.: Date Issued:	NA
SUBSCRIBED AND government issued iden	<b>D SWORN</b> to before me this _ tification card.	Manni	biting to me the above-stated

ATTY. RYSAM C. GUINOCO! (Person Administering Oath)

<sup>\*</sup> Additional sheet/s may be used, if necessary.