## SWORN STATEMENT OF ASSETS, LIABILITIES AND NET WORTH

As of <u>Pee 2000</u> -31 (Required by R.A. 6713)

(Required by R.A. 6713)

Note		e who are both public officials I Joint Filing	and employee Separate Fi			s jointly o	r separately.	
DECLARANT: ADDRESS: SPOUSE:	(Family Name)  Avando (Family Name)	LANSON (First Name)	(M.I.)  OZGROS  (M.I.)	POSITION: AGENCY/OFFICE: OFFICE ADDRESS: POSITION: AGENCY/OFFICE: OFFICE ADDRESS:	Philk YSU Hou	VAIT / Book circle Bony BANNI Mayoo	Aidrill Dony city Longton For Layton	
UNMARRIED CHILDREN BELOW EIGHTEEN (18) YEARS OF AGE LIVING IN DECLARANT'S HOUSEHOLD  AGE  AND  AGE  AVAILAGE  AVAILA								
	(T11:			D NETWORTH	. 1.	(10)		
	(Includi	ng those of the spouse of uge livi		ed children belou ant's household)	v eighteei	n (18)		
1. ASSETS		3 7 3	Ü	,				
	l Properties*							
DESCRIPTION KIND EXAC		EXACT LOCATION	ASSESSED VALUE	CURRENT FAIR MARKET VALUE	ACQUISITION		ACQUISITION COST	
lot, condominium and improvements)	commercial, industrial, agricultural and mixed use)		(As found in	the Tax Declaration of	YEAR	MODE		
	use)							
		Kont						
		N Over						
b. Personal Properties*								
DESCRIPTION							ACQUISITION COST/AMOUNT	
Motorcy	Motorcycla				2019			
TY				2012			12,000	
Elactric	2012			2500				
Subtotal: 54,500  TOTAL ASSETS (a+b): 84,500								
Z. LIABIL								
	NATURE		NAME	OF CREDITORS			TANDING BALANCE	
Conso			GS13				.000	
Logn Bed						7.0	000	
TOTAL LIABILITIES: 87,000								
NET WORTH: Total Assets less Total Liabilities = (2,500.00)							THE CONTRACTOR OF THE PARTY OF	
(2,000.00)								
* 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)

□ 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
NA			
	A-11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-		

## 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
NA			
	<del> </del>		

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: 1 4 APR 2021	
Å.	
(Signature of Declarant)	(Signature of Co-Declarant/Spouse)
Government Issued ID: ID No.: Date Issued:  APRIL 13-2024	Government Issued ID: ID No.: Date Issued:
	1 4 APR 2021
<b>SUBSCRIBED AND SWORN</b> to before me this government issued identification card.	day of, affiant exhibiting to me the above-stated