SWORN STATEMENT OF ASSETS, LIABILITIES AND NET WORTH

Note: Husband and wife who are both public officials and employees may file the required statements jointly or separately.

As of FEBRUARY 28, 2019

(Required by R.A. 6713)

] Joint Filing		Separate Filing		Not Ap	plicable			
DECLARANT:	UBAY	MARIANE	Е В		POSITIO	N:	MED	IA PROD	. SPECIALIST II
	(Family Name)	(First Name)	(M. I.)	_		OFFICE:			University
	DDOV MADO				OFFICE .	ADDRESS:			ay City, Leyte
ADDRESS	BRGY. MARG	SEN, ORMOC	CITY	_					
SPOUSE:	N/A			_	POSITIO	N:	N/A		100
	(Family Name)	(First Name)	(M. I.)	_	AGENCY	OFFICE:	N/A		
			# 		OFFICE .	ADDRESS:	N/A		
UNMAR	RIED CHILDREN	BELOW EIGHT	EEN (18) YEAR	S OF AGE LI	VING IN	DECLAR	ANT'S	HOUSI	EHOLD
NAME				DATE OF BIRTH				AGE	
		N/A		N/A					N/A
				_	-				1,00
			, LIABILITIES						
	(Including thos	se of the spouse o	and unmarried c ing in declarant's		v eighteer	ı (18) yea	rs of		
1. ASSETS		uge tivi	ng in decidrant s	s nousenoia)					
a. Real Prop	erties*								
		EXACT	ASSESSED	CURRENT	r				
DESCRIPTION	KIND	LOCATION	VALUE	MARKET	ACQUISITION ACQUISITION CO			ISITION COST	
(e.g. lot, house and lot condominium and	(e.g.residential, commercial, industrial,		(As found in the Tax Real Prop	Declaration of					
improvements)	agricultural and mixed		Real Flop	let ty)	IEAR	MC	T T		
N/A	N/A	N/A	N/A	N/A	N/A N	/A N/A	N/A	N/A	N/A
	+								
						Subtota	al. D	. Д.И	
b. Personal I	Properties*					Gubtot	ai. I	1141	
								ACOVI	CAMION COST
T =4	DESCRI	PTION		YE	EAR ACQU				SITION COST/ AMOUNT
Laptop					2017				16,000.0
Cellular Phone					2015				5,000.00
8									
						Subtot			21,000.00
2. LIABILITIES	*			7	TOTAL A	SSETS (a	+ b):		21,000.00
	NATU	RE		NAM	E OF CRE	DITORS			rstanding
N/A								E	BALANCE
	33.6 ₁	" - 12-7 12-71 - 1-9-A							
			2		TOTAL	LIABILIT	IES:	· A-N	
		1	NETWORTH: To	otal Assets I	ess Tota	ıl Liabilit	ies =		21,000.00

BUSINESS INTERESTS AND FINANCIAL CONNECTIONS

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

 \square 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
none			
			×

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 relautive/s in the government service.

NAME OF RELATIVE	RELATIONSHIP	POSITION	NAME OF AGENCY/OFFICE AND ADDRESS
none			

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 relatives in the government within 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 No.: Date Issued: OFFICE 10 Voility July 1, 1018	Government Issued ID No. : Date Issued:
SUBSCRIBED AND SWORN to before me this _ above-stated government issued identification card.	MAP day of 2019, affiant exhibiting to me the
	(Rerson Administering Oath)