SWORN STATEMENT OF ASSETS, LIABILITIES, AND NETWORTH,
DISCLOSURE OF BUSINESS INTERESTS AND FINANCIAL CONNECTIONS
AND IDENTIFICATION OF RELATIVES IN THE GOVERNMENT SERVICE

AS OF DECEMBER 31, 19

(Required by R.A.6713)

NAME SURI	NAME	FIRST NAME 6 DAYBAY	MI LEYTE	POSITION/INCOM OFFICE Dept OFFICE ADDRESS	of Horticulture VISCA Baybay	Leyte -
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I hereby certify to the best of my knowledge and information, that these are true statements of my assets, liabilities, networth, business interests and financial connections, including those of my spouse and unmarried children below 18 years of age and rames of my relatives in the government as of December 31, 19___, as required by and in accordance with Republic Act 6713.

I hereby authorize the Ombudsman or his 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, networt, business interests and financial connections, to include those of my spouse and unmarried children below 18 years of age living with me in household covering previous years to include the year I first assumed office in the government.

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