

**SWORN STATEMENT OF ASSETS, LIABILITIES AND NET WORTH
DISCLOSURE OF BUSINESS INTERESTS AND FINANCIAL CONNECTIONS
AND IDENTIFICATION OF RELATIVES IN THE GOVERNMENT SERVICE
As of December 31, 2010**

(Required by R.A. 6713)

Name PIAMONTE ROBELYN T.
(Surname) (First Name) (M.I.)

Address MAPLE APT. 14, GUADALUPE
BAYBAY, LEYTE

Spouse Name PIAMONTE SANROSS U.
(Surname) (First Name) (M.I.)

Position/Income INSTRUCTOR I

Office NATIONAL ABACA RESEARCH CENTER

Offi Address NARC, VSU, VISCA, BAYBAY, LEYTE

Position 2/M

Office BRIGHT MARITIME CORPORATION

Unmarried Children below 18 years of age

<u>JOHN MATTHEW T. PIAMONTE</u>	<u>AUGUST 09, 2008</u>

A. ASSETS, LIABILITIES AND NETWORKTH

1. ASSETS

a. Real properties

Kind	Location	Year Acquired	Mode of Acquisition	Nature of Property	Assessed Value	Current Fair Market Value	Acquisition Cost	
							Land; Bldg, etc.	Improvements
LAND	GUADALUPE	2009	PURCHASED	RES. LOT			270,000	
	BAYBAY, LEYTE							
LAND	COGON	2005	PURCHASED	RES. LOT			30,000	
	BAYBAY, LEYTE							
MC 7506 HF	BAYBAY, LEYTE	2010	PURCHASED	MOTORCYCLE			101,000	

Total: P 401,000

b. Personal and other Properties

Kind	Year Acquired	Acquisition Cost
TIME DEPOSIT	2010	80,000
JEWELRY	2010	55,000
APPLIANCES	2008	70,000
FURNITURES	2008	35,000

Total: P 240,000

2. LIABILITIES (Loans, Mortgages, etc.)

Nature	Year Acquired	Acquisition Cost

Total: P _____

NETWORTH (Total Assets (1a + 1b) Less Total Liabilities (2)) Total: P 641,000

B. BUSINESS INTERESTS AND FINANCIAL CONNECTIONS

Do you have any business interests and other financial connections including these of your spouse and unmarried children below 18 years of age living with you in your household?

Yes No If yes, give particulars:

Name	Name of Firm Company	Address	Nature of Business Interest and/or Financial Connection	Date of Acquisition or Connection
NA				

C. IDENTIFICATION OF RELATIVES IN THE GOVERNMENT SERVICE

To the best of your knowledge, are you related within the fourth degree of consanguinity or of affinity to anyone working in the government?

Yes No If yes, give particulars:

Name	Position	Relationship	Name/Address of Office
NA			

I hereby certify to the best of my knowledge and information, that these are true statement of my assets, liabilities, network business interests and financial connections, including those of my spouse and unmarried children below 18 years of age and names of my relatives in the government as of _____, as required by and in accordance with Republic Act 6713.

I hereby authorized 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, network, 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 resume office in government.

Date: 4/29/2011

[Signature]
(Signature of Spouse)

[Signature]
(Signature of Employee)

TIN: _____

TIN: 927-210-255

Com.Cert. No. _____

Com.Cert. No. 07449033

Issued at: _____

Issued at: BAYBAY LETE

Date Issue: _____

Date Issue: 2/2/2011

SUBSCRIBED AND SWORN to before me this 29th day April 2011, affiant exhibiting his/her RESIDENCE TAX CERTIFICATE as indicated above

[Signature]
SHELLIE MARIE P. POLO - TESORERA
CLERK OF COURT VI
(Person Administering Oath)
C.O. BRANCH 14, BAYBAY CITY