70,000

SWORN STATEMENT OF ASSETS, LIABILITIES AND NET WORTH As of Oct 10, 2017

			(Required by R.		
Not	The second secon	who are both public	officials and employee	es may file the required statemen	ts jointly or separately.
	☐ Joint Filing		Separate Filing	☐ Not Applicable	
DECLARANT:	MANAGBANAG	MICHAEL	VIRIL	POSITION:	DRIVER / ADMIN ALD III
	(Family Name)	(First Name)	(M. I.)	AGENCY/OFFICE:	VSU DPM
				OFFICE ADDRESS:	DPM VSU, VISCA, BAYBAY
ADDRESS	PANGAGUGAN	, BAUBAU CHU,	LEYTE		CITY VEYTE
			1		
SPOUSE:	MANAGDANAG	MA. CLAPISA	TEMMANA	POSITION:	HELPER/HOSPITAL
	(Family Name)	(First Name)	(M. I.)		CUI MIDIC HOSPITAL, KARACKII COT
					LABACAI COTHBATO CITY
UNM	MARRIED CHILDR	EN BELOW EIGHT		F AGE LIVING IN DECLARA	ANT'S HOUSEHOLD
		NAME	THE CASE OF THE	DATE OF BIRT	TH AGE
		2021-			
		NONE		MONE	none
			the state of the second		
		ASSET	S, LIABILITIES AND	Newworks	
	(Including tho	se of the spouse ar	nd unmarried childre	en below eighteen (18) years o	ofices
		living	g in declarant's hous	sehold)	ny age
. ASSETS					
a Pool De					
a. Real Pr	roperties.				
THE STATE OF STREET	And the second second second second			CURRENT	
DESCRIPTIO	ON KIND	EXACT LOCATION	ASSESSED VALUE	FAIR ACQUISITION	
erg lot youseans				VALUE	ACQUISITION COST
a Conduction inc			(1) And the state of the state	Taken YEAR MOD	DE SEC
	11101019181818181818191918181				
NONE			sta iner		
NONE			WOHE		
	36		2 1-1-12		
				Subtotal	: P
b. Persona	al Properties*		and the state		
	DESCR	RIPTION		YEAR ACQUIRED	ACQUISITION COST/
NOTORCUEUE	CHONDA) RS 125		0017	AMOUNT
0101-010	0 11071	, 103		2017	70,000.00
	`		71 2		
				Subtotal	: P 70,000.00
				TOTAL ASSETS (a	
LIABILITIE	ES*		4 2 2	- SIM MODELO (R	
	NAT	URE.			OUTSTANDING
				NAME OF CREDITORS	BALANCE
V16	nt		17: [43]		
MC)115			HONE	
	ALC: III	THE STATE OF THE S			
				TOTAL LIABILITIE	
		1	NETWORTH : Total	Assets Less Total Liabilitie	es = 70.00

...

BUSINESS INTERESTS AND FINANCIAL CONNECTIONS

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

I/ We do not have any business interest or financial connection.

NAME OF ENTITY/BUSINESS ENTERPRISE	Business 4	NATURE OF BUSINESS INTEREST &/OR FINANCIAL CONNECTION	DATE OF ACQUISITION OF INTEREST OR CONNECTION
none	NOME	HONE	MONE

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
MORBERTO M. MANAGRANAGE	consin	ипиту	DOPAC VSN, VISCA BAYBAYCITY, LEGIT
DIOSCORD MAN to PARNATE	UNCLE TRO DECREE	UTILITY	FOOD FECTION OF VSU, VISCA, BANDAYCITY US

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: OCT 10,	2017	
All .	juni	MAICLARISSA R. MANAGERANAG
(Signatur	e of Declarant)	(Signature of Co-Declarant/Spouse)
Government Issued	University ID	Government Issued
ID No.:	V01000	 ID No. :
Date Issued:		Date Issued:
SUBSCRIBED above-stated govern	AND SWORN to I	

UNT (Person Administering Oath)

PTR 0495859 - PAY BAY/LEYTE - 1/12/1
IBP 1030924 - TAULOBAN GITY - 12/19/16