SWORN STATEMENT OF ASSETS, LIABILITIES AND NET WORTH As of DECEMBER 2023 (Required by R.A. 6713)

	(Family Name)				POSITION: AGENCY/OFFICE:		S STATE UNIVERSITY	
ADDRESS:	BARANGAY, BUNT				OFFICE ADDRESS:		BRGY, PANGASUGAN VISCA	
							N/A	
SPOUSE:	(Family Name)	N/A (First Name) (M.I.)			POSITION: AGENCY/OFFICE:			
				OFFICE	E ADDRESS:	N/A		
UNMARRI	ED CHILDREN B	BELOW EIG	HTEEN (18	YEARS OF AGE	LIVING IN	DECLA	RANT'S HOUSEHOL	
	NAME N/A				DATE OF BIRTH N/A		AGE N/A	
,		/A			N/A		N/A	
a. Real Properties* DESCRIPTION KIND (e.g. lot, house and (e.g. residential,		LOCATION		CURRENT FAIR			ACQUISITION COST	
lot, condominium	commercial, industrial,			MARKET VALUE the Tax Declaration of	- 1			
and improvements)	use)			al Property)	YEAR	MODE		
		N/A	N/A	N/A	N/A	MODE N/A	N/A	
and improvements)	use)	N/A			N/A	N/A		
n/A	use)	N/A			N/A			
n/A	N/A			N/A	N/A	N/A ubtotal:		
n/A	N/A N/A Al Properties* DESCRII	PTION		N/A	N/A Si R ACQUIRED 2019	N/A ubtotal:	ACQUISITION COST/AMOUT	
n/A	N/A N/A Properties*	PTION		N/A	N/A Si	N/A ubtotal:	ACQUISITION COST/AMOU	
n/A	N/A N/A Al Properties* DESCRII	PTION		N/A	N/A Si R ACQUIRED 2019	N/A ubtotal:	ACQUISITION COST/AMOU	
n/A	N/A N/A Al Properties* DESCRII	PTION		N/A	N/A Si R ACQUIRED 2019 2023	N/A ubtotal:	ACQUISITION COST/AMOU	

2. LIABILITIES*

NATURE	NAME OF CREDITORS	OUTSTANDING BALANCE
N/A	N/A	N/A

TOTAL LIABILITIES:

NET WORTH: Total Assets less Total Liabilities =

84,000

BUSINESS INTERESTS AND FINANCIAL CONNECTIONS

(of Declarant / 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
N/A	N/A	N/A	N/A
		-	

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 relative/s in the government service.

RELATIONSHIP	POSITION	NAME OF AGENCY/OFFICE AND ADDRESS
BROTHER	APPRENTICE SEAMAN	PHILIPPINE COAST GUARD
SISTER	PO1	PHILIPPINE NATIONAL POLICE
BROTHER	ADMIN AIDE	DEPED
	BROTHER SISTER	BROTHER APPRENTICE SEAMAN SISTER PO1

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: May 31,2024	
	N/A
(Signature of Declarant)	(Signature of Co-Declarant/Spouse)
Government Issued ID:	Government Issued ID: N/A
ID No.: 731 -488 - 148	
Date Issued: Oct 10,2018	Date Issued: N/A
SUBSCRIBED AND SWORN to exhibiting to me the above-stated government is	
	(Person Action County)

^{*} Additional sheet/s may be used, if necessary.