SWORN STATEMENT OF ASSETS, LIABILITIES AND NET WORTH

W. 4	agina pulodar	manage a se	(Required by				
Note: H	lusband and wife wl] Joint Filing		officials and employ Separate Filing	yees may file ti			tly or separately.
DECLARANT: ADDRESS	(Family Name)	(First Name)	(M. I.)		POSITION: AGENCY/O OFFICE AD	FFICE:	An Auch 111 OVPAA Seyas Statells 1 Boy's city lay
SPOUSE:	FONT NOV (Family Name)	ÁRSENIA (First Name)	(M. I.)		POSITION: AGENCY/O OFFICE AD	-/1	NA NA
	<u> </u>	ASSETS	I I ADII ITIBO	AND NEWWO			
1. ASSETS a. Real Prope		of the spouse and	i, LIABILITIES A d unmarried chil i in declarant's h	ldren below e) years of age	
DESCRIPTION	KIND	EXACT LOCATION	ASSESSED VALUE	CURRENT FAIR MARKET VALUE	ACQI	UISITION	ACQUISITION COST
(e.g. lot, house and lot condominium and improvements)	(e.g. residential, commercial, industrial, agricultural and mixed		(As found in the Tax Real Prope		YEAR	MODE	And the second desired and provide the second desired and the second
Hous	Resodensal	Condalupa Pry 2 Eig lyte	(VON) M.	N	2801	Coradurel	Php rov, m.~

da ndi oginisa	- And the last	The Paris	Common de	SAM DESCRIPTION	Name for a party of	
	<u> </u>	417 D. 112 B.	1 11 10 19 19	1	11 12	_
				Subtotal: P	ph. (100). M.	

b. Personal Properties*

YEAR ACQUIRED	ACQUISITION COST/ AMOUNT	
2113	php. 10, on.w	
21/3	60,00.00	
2013	2, M.W	
	21/3	

2. LIABILITIES*

NATURE	NAME OF CREDITORS	OUTSTANDING BALANCE
Consol	6915	Php. 138, m. n
EAL	6515	20,000 N
COPL MAN N	6515	9,00. W
H14P	GSIS TOTAL LIABILITIES:	178.00 N

NETWORTH: Total Assets Less Total Liabilities =

227, M.W.

BUSINESS INTERESTS AND FINANCIAL CONNECTIONS

NAME OF ENTITY/BUSINES	War gar von 153		of Business	DATE OF ACQUISITION OF	
ENTERPRISE	BUSINESS ADDR		EST &/OR CONNECTION	INTEREST OR CONNECTION	
none	10 2000				
/					
		The state of the s			
- narrabarion e inchia	RELATIVES IN THE	GOVERNMENT SER	VICE	, designations.	
100 Topics					
(Within the Fo	urth Degree of Consanguinity				
	☐ I/We do not know of a	any relavtive/s in the	government se	rvice.	
NAME OF RELATIVE	RELATIONSHIP	POSITION	NAME OF AGENCY/OFFICE AND ADDRESS		
				musika uzen egen eta	
11/4					
10/11		CHANGE OF THE	- 629		
I hereby certify that usiness interests and finan	these are true and cor	rect statements of m	y assets, liabilit	ties, net worth,	
ighteen (18) years of age liv	ing in my household, and	that to the best of r	ny knowledge, t	the above-	
numerated are names of re	latives in the government	within fourth civil	degree of consa	nguinity or affinity	
	1-0-1-1-1-1-1				
I hereby authorize t	ne Ombudsman or his/h	er duly authorized re	epresentative to	obtain and secure	
I hereby authorize to all appropriate government show my assets lightlift	nent agencies, including	the Bureau of Interna	al Revenue suc	h documents that	
com all appropriate governr nay show my assets, liabilit ny spouse and unmarried c	nent agencies, including t ies, net worth, business i hildren below 18 years of	the Bureau of Interna interests and financia age living with me in	al Revenue such al connections,	h documents that to include those o	
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(Person Administering Oath)