SWORN STATEMENT OF ASSETS, LIABILITIES AND NET WORTH

As of January 2015 (Required by R.A. 6713)

| ADDRESS: | MCJ IA Framily Name | | HANZEL First Name) | | POSITION: | The second secon | ructor 1 as state University |
|--------------------------------------|---|---------------|-----------------------|---------------------------------------|--|--|---------------------------------|
| 19 | Inopacav | 1, Levyte | | | OFFICE ADDRESS: | visco, | baybay City Light |
| SPOUSE: | (Family Name | N-A . | | (M.I.) A | POSITION: AGENCY/OFFICE OFFICE ADDRESS: | 5: | |
| UNMARRIE | | BELOW EIG | HTEEN (18) | | AGE LIVING | | RANT'S HOUSEHOLD |
| | | | | | | | |
| 1. ASSETS | (Includir | ig those of t | he spouse ar | nd unmarried | NETWORTH I children belo It's household | | (18) |
| DESCRIPTION | KIND je g sysdential, | LOCATION | ASSESSED VALUE | CURPENT FA | A 100 | ISITION | ACQUISITION COST |
| lut, contonuntum and improvements | cummers aid, industrial, agricultural unit mixen used | | (As found in U | he Tax Dec aration of al Property) | | MODE | |
| | | | | | | | |
| | | | | | | Subtotal: | |
| b. Person | al Properties* | | | | | | |
| b. Person | al Properties* | PTION | | | YEAR ACQUIRE | 0 | ACQUISITION COST/AMOUNT |
| b. Person | 311 - 31 - 31 - 31 - 31 - 31 | | y 4 | | YEAR ACQUIRED | | Triuoma\teos roitierugsa |
| | DESCRI | | y ¥ | | 20/2 | Subtotal : | |
| b. Person | DESCRI | | y Y | N. ME OF | 20/2 | Subtotal : | 5000.00 |

BUSINESS INTERESTS AND FINANCIAL CONNECTIONS

(of Declarant's spause) Unmarned Children Below Eighteen (18) years of Age Living in Declarant's Household)

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

| IAME OF ENTITY/BUSINESS ENTERPRISE | BUSINESS ADDRESS | NATURE OF BUSINESS INTEREST &/OR FINANCIAL CONNECTION | DATE OF ACQUISITION OF INTEREST OR CONNECTION |
|---------------------------------------|------------------|--|--|
| | | See the second s | |
| | | | |
| | | | |

RELATIVES IN THE GOVERNMENT SERVICE

(Within the Fourth Degree of Consanguinity or Affinity, Include also Bilas, Balae and Insa)

| | | POSITION | NAME OF AGENCY/OFFICE AND ADDRESS |
|------------------|--------------|----------|-----------------------------------|
| NAME OF RELATIVE | RELATIONSHIP | FOSITION | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

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 herely 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: | | | |
|--|------------|---|---|
| (Signature of | Declarantj | (Signature of Co-Declarant) Spaces | 9 |
| Government Issued II) II No. Date Issued | | Government Issued ID: ID No. Date Issued: | |

SUBSCRIBED AND SWORN to before me this the day of Feb. 2015 affiant exhibiting to me the above-stated government issued identification card.

ATTY RYSALC. GUINOCOF Person Administering Oath