# SWORN STATEMENT OF ASSETS, LIABILITIES AND NET WORTH As of December 31, 2018

(Required by R.A. 6713)

Note: Hu	sband and wife wh	o are both public	officials and employ	ees may file th	e required statements	jointly or sepa	rately.
	Joint Filing		Separate Filing		Not Applicable		
DECLARANT:	(Family Name)	(First Name)	A . (M. I.)		POSITION: AGENCY/OFFICE:	ASSILTANT VISAYM	professor 1
ADDRESS	HILLUSIG MA	HA PUTE, URY	F		OFFICE ADDRESS:	VISCA, BA	ypay uty to
SPOUSE:	(Family Name)	(First Name)	(M. I.)		POSITION: AGENCY/OFFICE:	WINE NoMe	
					OFFICE ADDRESS:	MONE	
	(V = TM	NAME			DATE OF BIRT		AGE  VO)U€
1 70.50	(Including those	of the spouse ar	S, LIABILITIES And unmarried chile	dren below eig	RTH ghteen (18) years of	f age	
ASSETS     a. Real Proper	ties*						
DESCRIPTION	KIND	EXACT	ASSESSED	CURRENT FAIR			

DESCRIPTION	KIND	EXACT LOCATION			ACQUISITION		ACQUISITION COST
(e.g. lot, house and lot condominium and improvements)	(e.g.residential, commercial, industrial, agricultural and mixed		(As found in the Tax I Real Prope		YEAR	MODE	
News	MAMA	Mone	a Mhayr	None	Wine	WOME	MANA
	1			THE STATE OF			

Morre Subtotal: P

### b. Personal Properties\*

DESCRIPTION	YEAR ACQUIRED	ACQUISITION COST/
Captop	loig	15,00
Gradgets	roll	w, no
Clothes	roll	10,00
Acasmics	wig	15,000

Subtotal: P

601000

TOTAL ASSETS (a + b):

60,000

### 2. LIABILITIES\*

NATURE	NAME OF CREDITORS	OUTSTANDING BALANCE	
UDAN	G818	\$ 13,365.50	
LOAN	GSIS	Ø 14, 262.81	
USTA	CCIS	D 19. 200.40	
	TOTAL LIABILITIES:	# 46.856.86	

NETWORTH: Total Assets Less Total Liabilities -

## BUSINESS INTERESTS AND FINANCIAL CONNECTIONS

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

 $\square$  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
none	WUNE	wont	None

#### 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 relavtive/s in the government service.

NAME OF RELATIVE	RELATIONSHIP	POSITION	NAME OF AGENCY/OFFICE AND ADDRESS
Puty Awamia	cous in	TEMBELL	DEPTED
MANY JEAN MARSHID	coun	TERCYPETAL	REPED
RITCUELL MITMAN	CousiN	MOWIPE	P0 H

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: APPL 1,	2019		
(Signature	of Declarant)	(Signature of Co-Declarant/Spo	use)
Government Issued ID No.: Date Issued:	VSW 10 WODED3 June 3, WID	Government Issued ID No.: Date Issued:	
	AND SWORN to before ament issued identification	me this Arn day of 2019 2013, affiant exhibition card.	aibiting to me the
		VSU (Legs manning of	eath)