SWORN STATEMENT OF ASSETS, LIABILITIES AND NET WORTH

As of December 31, 2018

 $\label{eq:Required} \mbox{(Required by R.A. 6713)} \\ \mbox{\bf Note: } \mbox{\it Husband and wife who are both public officials and employees may file the required statements jointly or separately.}$

☑ Not Applicable

☐ Separate Filing

Manaig Mari	iyn iv.			POSITION:		Asst. Prof.
(Family Name)	(First Name)	(M. I.)	_	AGENCY/OF		sayas State University
						sca, Baybay City, Leyte
IH, VSU,Visca	a, Baybay Cit	y, Leyte				
			_			
	Deceased			POSITION:		NA
(Family Name)	(First Name)	(M. I.)				
				OFFICE ADI	DRESS:	
D CHILDDEN	DEL OW BLOW	MMMT (40) TIMA				
D CHILDREN		IEEN (18) YEA	RS OF AGE			AGE
				DAIL	OF BIRTH	AGE
(To also 1' a a 41 a a					44.01	
(Including thos					en (18) year	S
	oj age i	wing in aeciarar	u s nousenoi	ia)		
perties-						
			CURRENT			
KIND			FAIR MARKET	ACQU	JISITION	
(e.g.maidential			VALUE			ACQUISITION COST
commercial, industrial,				YEAR	MODE	
			1			
I D					Subtotal: P	NA -
Properties*					Subtotal: P	NA -
	IPTION		Y	EAR ACQUI		
DESCR	IPTION top		Y	EAR ACQUI		ACQUISITION COST/
DESCR lap cellph	top		¥			ACQUISITION COST/
DESCR lap cellph refrig	top none erator		Y	2012 2014 2018		ACQUISITION COST/ AMOUNT 38, 000.00 20,000.00 14,000.00
lap cellph refrig foots	top none erator wear		Y	2012 2014 2018 2018		ACQUISITION COST/ AMOUNT 38, 000.00 20,000.00 14,000.00 3,000.00
lap cellph refrig foots	top none erator wear hing		Y	2012 2014 2018 2018 2018		ACQUISITION COST/ AMOUNT 38,000.00 20,000.00 14,000.00 3,000.00
lap cellph refrig foots	top none erator wear		Y	2012 2014 2018 2018	IRED	ACQUISITION COST/ AMOUNT 38,000.00 20,000.00 14,000.00 3,000.00 2,500.00
lap cellph refrig foots	top none erator wear hing			2012 2014 2018 2018 2018 2018	RED Subtotal: P	ACQUISITION COST/ AMOUNT 38, 000.00 20,000.00 14,000.00 3,000.00 2, 500.00 80, 500.00
lap cellph refrig foots	top none erator wear hing			2012 2014 2018 2018 2018 2018	IRED	ACQUISITION COST/ AMOUNT 38, 000.00 20,000.00 14,000.00 3,000.00 2, 500.00 80, 500.00
lap cellph refrig foots clot: inductio	top none erator wear hing		Т	2012 2014 2018 2018 2018 2018	Subtotal: P	ACQUISITION COST/ AMOUNT 38, 000.00 20,000.00 14,000.00 3,000.00 2, 500.00 80, 500.00
lap cellph refrig foot clot inductio	top none erator wear hing n cooker		Т	2012 2014 2018 2018 2018 2018	Subtotal: P	ACQUISITION COST/ AMOUNT 38, 000.00 20,000.00 14,000.00 3,000.00 2, 500.00 80, 500.00 OUTSTANDING
lap cellph refrig foot clot inductio	top none erator wear hing n cooker		Т	2012 2014 2018 2018 2018 2018 2018	Subtotal: P	ACQUISITION COST/ AMOUNT 38,000.00 20,000.00 14,000.00 3,000.00 2,500.00 80,500.00 80,500.00 OUTSTANDING BALANCE
	(Family Name) IH, VSU, Visca (Family Name) CHILDREN (Including those) perties* KIND (e.g. residential, commercial, industrial, commercial, industrial,	(Family Name) (First Name) Deceased (Family Name) (First Name) ASSET (Including those of the spousof age in t	(Family Name) (First Name) (M. I.) IH, VSU, Visca, Baybay City, Leyte Deceased (Family Name) (First Name) (M. I.) D CHILDREN BELOW EIGHTEEN (18) YEANAME None ASSETS, LIABILITIES (Including those of the spouse and unmarried of age living in declarant perties* KIND EXACT LOCATION (As found in the Tax I Real Prope	(Family Name) (First Name) (M. I.) IH, VSU, Visca, Baybay City, Leyte Deceased (Family Name) (First Name) (M. I.) D CHILDREN BELOW EIGHTEEN (18) YEARS OF AGE NAME None ASSETS, LIABILITIES AND NETY (Including those of the spouse and unmarried children be of age living in declarant's household of age living in declarant's household perties* KIND EXACT LOCATION ASSESSED VALUE (As found in the Tax Declaration of Real Property) (As found in the Tax Declaration of Real Property)	(Family Name) (First Name) (M. I.) OFFICE ADI IH, VSU, Visca, Baybay City, Leyte Deceased Position: (Family Name) (First Name) (M. I.) OFFICE ADI Deceased Position: AGENCY/OFFICE ADI OFFICE	(Family Name) (First Name) (M. I.) AGENCY/OFFICE: Vis OFFICE ADDRESS: Vis IH, VSU, Visca, Baybay City, Leyte Deceased (Family Name) (First Name) (M. I.) Deceased (Family Name) (First Name) (M. I.) OFFICE ADDRESS: Deceased (Family Name) (First Name) (M. I.) AGENCY/OFFICE: OFFICE ADDRESS: Deceased NAME NAME NAME NAME NONE ASSETS, LIABILITIES AND NETWORTH (Including those of the spouse and unmarried children below eighteen (18) year of age living in declarant's household) perties* KIND EXACT LOCATION (As found in the Tax Declaration of Real Property) (As found in the Tax Declaration of Real Property) YEAR MODE

☐ Joint Filing

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 ADDRESS	NATURE OF BUSINESS INTEREST &/OR FINANCIAL CONNECTION	DATE OF ACQUISITION OF INTEREST OR CONNECTION
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
Imelda N. Sabanal	Sister	Teacher	DepEd- butuan City

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: Apr	ril 29,2018			
- min		N A		
(Signat	ture of Declarant)	(Signature	of Co-Declarant/Spouse)	
Government Issue	ed ID PRC	Government Issu	ed ID: NA	
ID No.:	843684	ID No.:	NA	
Date Issued:	8/3/2018	Date Issued:	NA	
SUBSCRIB	ED AND SWORN to before me th	is day of	2019 affiant exhibiting to me the	
above-stated gov	vernment issued identification ca	<u> </u>	RYSANC. GUINOCOR erson Administering Oath)	