SWORN STATEMENT OF ASSETS, LIABILITIES AND NET WORTH

			(Requ	uired by R.A.	6713)			
Note	: Husband and wife	e who are both	public officials	and employe	ees may j	file the requi	red statemer	nts jointly or separately.
		Joint Filing	g \square	Separate l	Filing		Applicable	
DECLARANT:	PERWITO	4NH	ELITO	C	POSIT	ION:	Ad	m. Aidl I
4.D.D.D.D.D.	(Family Name)	(First I	Name)	(M.I.)	AGEN	CY/OFFICE	o: VS	1 11 0 1
ADDRESS:	Bry. Peto	Ky, kutt	,		OFFIC	E ADDRES		CA Barbar City
	-	,					-+40	
SPOUSE:	(Family Name)	(First I	MELITA Name	(MI)	POSIT		541	
	(rainly raine)	(1.11.51.1	vaille)	(M.I.)		CY/OFFICE E ADDRES	- 11/	,
UNMARRII	ED CHILDREN	BELOW EIG	HTEEN (18	8) YEARS	OF AG	E LIVING	IN DECL	ARANT'S HOUSEHOLD
		AME				E OF BIRTI		AGE
	770.00				2.1.1	DOI DIKI		AGE
-	none				n/	4		n/A
-								, .
a. Real	Properties*	LOCATION	LOCATION ASSESSED		URRENT FAIR ACQUISI		ISITION	ACQUISITION COST
(e.g. lot, house and lot, condominium	(e.g. residential, commercial, industrial,		VALUE	MARKET	VALUE			
and improvements)	agricultural and mixed use)			the Tax Declara eal Property)	tion of	YEAR	MODE	
Hance	resignment	Buray. Police			198	9-"pieur	installand	7 250 K
							Subtotal	P 250,000.00
D. Person	al Properties*					3.15	Mary Town	NGP - LA
	DESCRI	PTION			YEA	R ACQUIRE	0	ACQUISITION COST/AMOUNT
4k	toyota Ju	P			2010			78,000-
Nouvo motor custe					2008			764,000 -
Applianus			1	1989 - 2013			\$ 30,000	
								1 100 000
					TO		ubtotal:	\$ 702.600 -
2. LIABILITI	ES*				10	TAL ASSE	15 (a+b):_	\$ 352,600 -
	NATURE			NI A BATTO	OF ORD	DITORS		OVIDOMANDAMO D
				MANIE	OF CRE	DITORS		OUTSTANDING BALANCE

NATURE	NAME OF CREDITORS	OUTSTANDING BALANCE
consol ban	GSIA	\$ 40,000
renanz loturs	Transyde motors	\$ 40,000
Pag-1big 1090 17 1720191	La Pas-1615	\$ 40,000
NOTO THE TRATEM	1	- Surface

TOTAL LIABILITIES: 7140,000

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

BUSINESS INTERESTS AND FINANCIAL CONNECTIONS

(of Declarant's spouse/ Unmarried Children Below Eighteen (18) years of Age Living in Declarant's Household) \Box 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
rman sonisan store	Bry Patan Pla.	Buy & SCU	2012-2013
4,5 3 4 4 3 6 V C			
			,

RELATIVES IN THE GOVERNMENT SERVICE

(Within the Fourth Degree of Consanguinity or Affinity. Include also Bilas, Balae and Inso) \square I/We do not know of any relative/s in the government service)

NAME OF RELATIVE	RELATIONSHIP	POSITION	NAME OF AGENCY/OFFICE AND ADDRESS
None	n/k	n/A	n/a
111	NV		

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: 07 -15 - 2013 ANELTOD S. PERVISO	CARMELIA B. PERUTO
(Signature of Declarant)	(Signature of Co-Declarant/Spouse)
Government Issued ID: ID No.: Date Issued:	Government Issued ID: Health Cut Og - 492 Date Issued: Dat
SUBSCRIBED AND SWORN to before me thisgovernment issued identification card.	_day of, affiant exhibiting to me the above-stated

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