SWORN STATEMENT OF ASSETS, LIABILITIES AND NET WORTH

As of December 31, 2019

(Required by R.A. 6713)

			,	7		jointly or separately.
Joint Filing		Separate Filing	\square	Not Appli	cable	
MARAÑAN	N CLEME	NTE N. JR.		POSITION: A		min Aide I
		ame) (M. l.)			FFICE: De	partment of Agronomy
				OFFICE ADI	ORESS: Vis	ayas State University,
ADDRESS Brgy, Gabas Baybay City, Leyte			_	Вау		/bay City, Leyte
			_			
SPOUSE: N/A		_	POSITION:			
(ranny Name)	(1.1120.140	ine) (Ni. 1.)			-	
				OFFICE ADI	DRESS: NA	
ED CHILDREN	BELOW EIG	GHTEEN (18) YEA	RS OF AGE	LIVING IN	DECLARA	NT'S HOUSEHOLD
	NAME			DATE (OF BIRTH	AGE
N/A					N/A	N/A
			-			
	ASS	ETS, LIABILITIE	S AND NETV	VORTH	 	
(Including the	se of the spo	ouse and unmarrie	d children be	low eightee	en (18) years	5
	of ag	e living in declara	nt's househol	d)		
ties*						
	777.4.CM		CURRENT			
DESCRIPTION KIND EXACT ASSESSED VALUE FAIR ACQUISITION						
(e.g.residential,		(As found in the Tax	VALUE Declaration of		T	ACQUISITION COST
commercial, industrial,						
N/A	N/A	N/A	N/A	N/A	N/A	N/A
					Subtotal: P	N/A -
operties*						
			· •			
DESCRI	PTION		YE	CAR ACQUII		ACQUISITION COST/
	PTION		YE	2017-2019		
	PTION		YE			AMOUNT
	PTION		YE	2017-2019		AMOUNT 6,500.00
	PTION		YE	2017-2019		AMOUNT 6,500.00
	PTION			2017-2019	9	6,500.00 11,040.00 17,540.00
	PTION			2017-2019	Subtotal: P	6,500.00 11,040.00 17,540.00
DESCRI	PTION RE*		Т	2017-2019	Subtotal: P	6,500.00 11,040.00 17,540.00
DESCRI			Т	2017-2019 2019 OTAL ASS	Subtotal: P	AMOUNT 6,500.00 11,040.00 17,540.00 17,540.00
DESCRI			NAMI	2017-2019 2019 OTAL ASS	Subtotal: P	AMOUNT 6,500.00 11,040.00 17,540.00 17,540.00 OUTSTANDING BALANCE
DESCRI			NAMI NEIGHBOR TRANSCYC	2017-2019 2019 OTAL ASS	Subtotal: P	AMOUNT 6,500.00 11,040.00 17,540.00 17,540.00 OUTSTANDING BALANCE 11,000.00 68,448.00
	N/A (Family Name) N/A (Family Name) ED CHILDREN N/A (Including the commercial, industrial, N/A	Commercial, industrial, N/A Part N/A N	Commercial, commercial, industrial, N/A N/	Current Curr	(Family Name) (First Name) (M. I.) Brgy, Gabas Baybay City, Leyte N/A (Family Name) (First Name) (M. I.) POSITION: AGENCY/OF OFFICE ADD OFFICE ADD ED CHILDREN BELOW EIGHTEEN (18) YEARS OF AGE LIVING IN NAME DATE OF N/A ASSETS, LIABILITIES AND NETWORTH (Including those of the spouse and unmarried children below eighter of age living in declarant's household) ties* KIND (e.g. residential, commercial, industrial,	Commercial, Industrial. Commercial, Indu

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	
N/A	N/A	N/A	N/A	

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 relautive/s in the government service.

NAME OF RELATIVE	RELATIONSHIP	POSITION	NAME OF AGENCY/OFFICE AND ADDRESS
N/A	N/A	N/A	N/A

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.

wheel and

Date : 7/19/				
Engl	Tao.			
(Signature of Declarant)		(Signature of Co-Declarant/Spouse)		
Government Issued ID No. : Date Issued:	HID: Striven License H12-13-002091 11/20/2019	Government Issued ID: ID No. : Date Issued:		
	ED AND SWORN to before me this _ernment issued identification card.	2day of R 2020 2018 affiant exhibiting to me the		