201 FOLDER

SWORN STATEMENT OF ASSETS, LIABILITIES AND NET WORTH

As of <u>Desember</u> Wile (Required by R.A. 6713)

Not	e: Husband and wi	fe who are both public officials I Joint Filing	s and employee Separate Fi	es may file the requir	ed stater	ments jointly or ble	r separately.	
DECLARANT:	ROYO (Family Name)	IMEUDA	ν	POSITION:		1-1		
ADDRESS: (Family Name)		(First Name)	(M.I.)	AGENCY/OFFICE OFFICE ADDRESS	114	Dea Ed / Bruspan NHS		
SPOUSE:	(Family Name) (First Name) (M.I.) POSITION: AGENCY/OFFICE OFFICE ADDRES		· PC	Science Rusavch Squidlick T. PCC 1 VSV Visch, Bayray City, leg G				
UNMARRI	ED CHILDREN	BELOW EIGHTEEN (1	8) YEARS (F AGE LIVING	IN DE	CLARANT'S	S HOUSEHOLD	
		IAME		DATE OF BIRTE	1		AGE	
Mirah -	Joi V. Royu		Jai	1-28, 1998		18	g	
CESCRIPTION (c.g. lot, house and	Properties* KUND (e.g. residential,	EXACT	ASSESSED	current fair		DUSTION	ACQUISITION	
lot, condominium and improvements)	commercial, industrial, agricultural and mixed	LOCATION	(As found in	MARKET VALUE the Tax Declaration of	YEAR	BIODE	COST	
	use)		Re	al Property)	TEAR	MODE		
truce + lot	Agricultural	Galras Bay bay City, layle	Mac m. W	100,00 W	2009	constructed	480, m · W	
							,	
b. Person	al Properties*					Subtotal:	480, NW W	
	Di	SCIGITON		YEAR A	CQUIRE	D	ACQUISITION .	
Paptioner				20 Ko			80, M W	
- mailines	I lin LP:			2016			150,000 W	
Turniture and Nothing				2016			w, on w	
		E .				Subtotal:	295, N.W	

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

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TOTAL ASSETS (a+b):

2. LIABILITIES*

NATURE	NAME OF CREDITORS	OUTSTANDING BALANCE
AFIR LUNSON Policy Amounthural Loan Plumel boan	City Lowing Soul/ last what	120, NU :W 120, NU :W

TOTAL LIABILITIES:

770. N-N

NET WORTH: Total Assets less Total Liabilities =

5 m.w

BUSINESS INTERESTS AND FINANCIAL CONNECTIONS

(of Declarant / Declarant's spouse/ Unmarried Children Below Eighteen (18) years of Age Living in Declarant's 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	V·A	N.A
	<u> </u>		
	× =		

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
N- A	N. A	<i>V</i> · A	31 · K
			N C

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.

0	provided years to menude in	e year Thirst assumed office in government.
Date: James	ng 3, 2017	
(Sign	ature of Deciaroni,	(Signature of Co-Declarant/Spouse)
Government Issued ID: ID No.: Date Issued:	PRE) 0195 (160 10-29-1997	Government Issued ID: 7 % 10 No.: 000 50 7 % 10 No.: 08-01-200 %
SUBSCRIBED AN	ND SWORN to before me tentification card.	hisday of, affiant exhibiting to me the above-stated
Doc. No. 27		(Person Administring Oath) Oath)

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