STATEMENT OF ASSETS, LIABILITIES AND NET WORTH AND DISCLOSURE OF BUSINESS INTERESTS, FINANCIAL CONNECTIONS AND RELATIVE/S IN THE GOVERNMENT SERVICE

As of December 31, ____ (Required by R.A. Nos. 3019 and 6713)

(Note: Husband and Wife who are both public officials or employees may file the required statements jointly or separately.)

☐ Jointly filed. ☐ Separately filed.

Name __

Position __

(Surname) (First Name) (Middle Initial) Address					Office Address				
Spouse				Positi	on				
(Surname) (First Name) (Middle Initial)					Position Office				
				Office	Address				
Unmarried Ch	ildren below 18 Name	years of age livin	g in his/ho	er househ	old: (use addit Date of Bi		if necessary,)	
1									
3									
☐ I have no chi	ldren below 18 year	rs of age living in my	y household						
		ASSETS	s, LIABILIT	'IES AND I	NET WORTH				
I ASSETS (in	cluding that of a	leclarant's spous				18 years of a	ıae livina in	his/hor	
household)	cialing that of t	icetarant 3 spous	e ana ann	iarrica cr	illuren below	10 years of a	ige tiving in	. Itts/Itts	
A. REA	AL PROPERTY/I	ES (use additional	sheet/s, if	necessary,					
KIND (Res./Comm./ Agri., etc.)	NATURE OF PROPERTY (Paraphernal, conjugal or community)	LOCATION	ACQUIS	SITION	ASSESSED VALUE	FAIR MARKET	ACQUIS	ITION COST*	
			MODE	YEAR	VALUE	VALUE	Land, Building, others	Improvement/s	
							TOTAL:		
B. PEF	RSONAL PROPER	RTY/IES AND OTH	HER ASSET	rs (use ad	ditional sheet/:	s, if necessary	1)		
TANGIBLE			ACQUISITION		ITION		ACQUISITIO	N COST*	
			MO	DE	YEAR				
	INTANGIBLE								
					I	тота	L:		
		se acquisition co cluded as well as							
Jeonege					TOTAL ASS	ETS (A+B)=			
II. LIABILITIE household)	S (including tha	t of declarant's s	spouse and	d unmarri	ed children b	elow 18 year	s of age livi	ng in his/her	
•			NAME OF CREDITOR/S			*OUTSTANDING BALANCE			
*In the compu) Inding balance, p Icluded as well as			ried children l				
III. NET WOR	ΓΗ (TOTAL ASSE	ETS (I) LESS TOTA	AL LIABILI	TIES (II) =	NET WORTH	I (III)			

TOTAL NET WORTH:

AMOUNT AND SOURCES OF GROSS INCOME

(ALL amounts received from ALL sources for the preceding calendar year) NATURE SOURCES AMOUNT (salary/income, business, etc.) (use additional sheet/s, if necessary) TOTAL: AMOUNT OF PERSONAL AND FAMILY EXPENSES (for the preceding calendar year) PERSONAL EXPENSES ESTIMATED **FAMILY EXPENSES ESTIMATED** AMOUNT AMOUNT (use additional sheet/s, if necessary) TOTAL:__ TOTAL: __ AMOUNT OF INCOME TAXES PAID (for the preceding calendar year) NATURE AMOUNT Compensation Business Income Other Income (use additional sheet/s, if necessary) TOTAL:_ **BUSINESS INTERESTS AND FINANCIAL CONNECTIONS** (Declarant/Spouse/Unmarried Children below 18 years of age living in the household of declarant) (Use Additional Sheet/s, if necessary) ☐ I/We don't have any business interests and financial connections. Name of Entity/Business **Business Address** Nature of Business Date of Acquisition of **Enterprise** Interest and/or **Interest or Connection Financial Connection** RELATIVE/S IN THE GOVERNMENT (Up to the 4th civil degree of relationship, either by consanguinity or affinity, including bilas, inso and balae) (Use Additional Sheet/s, if necessary) ☐ I/We don't know of any relative/s in Government. Name of Relative Relationship Position Name of Office/Address I/We hereby certify that these are my/our true and detailed assets, liabilities, net worth, amount and sources of income, personal and family expenses, amount of income taxes paid, business interests, and financial connections, including those of my spouse and my/our children below 18 years of age living in my household, and the name/s of my relative/s in the Government, as of December 31, _ , as required by and in accordance with Republic Act No. 3019 and 6713. I/We hereby authorize the Ombudsman or his duly authorized representative to obtain and secure from all appropriate agencies, including the Bureau of Internal Revenue, such documents that may show such assets, liabilities, net worth, business interests, and financial connections, including those of my spouse and my/our children below 18 years of age living in my household, covering previous years, and if possible, including the year I/we first assumed office in Government. I/We further undertake to produce all supporting documents for each of the entries herein made when required. Declarants' Signature: ___ Date: __ Date: _ (For Separate Filing) Spouse's Signature: ___ Date: on this _____ day of ______, 20____, affiant(s) exhibiting his/her/their tax ____ and employee number(s) ______ SUBSCRIBED AND SWORN TO before me on this _ identification number(s) ___

(Person Administering Oath)