pinting or recommending authority, or t	
lediate supervision over you in the	☐ YES XÎ NO
	☐ YES ☒ NO If YES, give details:
ve offense?	☐ YES ☑ NO If YES, give details:
	☐ YES X NO If YES, give details: Date Filed: Status of Case/s:
	☐ YES ☒ NO If YES, give details:
n, end of term, finished contract or	
l election held within the last year	☐ YES
onal or local candidate?	☐ YES ☒ NO If YES, give details:
nent resident of another country?	☐ YES ☒ NO If YES, give details (country):
A 8972), please answer the following	
icant /appointee)	
ADDRESS	TEL. NO.
LINAO, ORMOC CITY	0921-292-4358
SABANG BAO, ORMOC CITY	0946-291-4471
VALENCIA, ORMOC CITY	0910-355-1536
nent laws, rules and regulations of the representative to verify/validate the	Republic of the contents stated ROSARIO I. DONOR
Signature (Sign inside t	ne box)
OCT 2022 affiant exhibiting his/her validly i	ssued government ID as indicated share
ATTY OF THE PROPERTY OF THE VALUE OF THE VAL	government to as indicated above.
	to fany law, decree, ordinance or of the following modes: resignation, on, end of term, finished contract or all election held within the last year ing the three (3)-month period before ional or local candidate? Innent resident of another country? Magna Carta for Disabled Persons RA 8972), please answer the following ficant /appointee) ADDRESS LINAO, ORMOC CITY SABANG BAO, ORMOC CITY