

SWORN STATEMENT OF ASSETS, LIABILITIES AND NET WORTH

As of DECEMBER 31, 2012

(Required by R.A. 6713)

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

☐ Joint Filing

☐ Separate Filing

☐ Not Applicable

DECLARANT: ARTICA, EDUARDO JR. II A.
 (Family Name) (First Name) (M.I.)
 ADDRESS: BRGY. GUADALUPE, BAYBAY CITY, LEYTE

 SPOUSE: N/A
 (Family Name) (First Name) (M.I.)

POSITION: PART-TIME INSTRUCTOR
 AGENCY/OFFICE: INSTITUTE OF HUMAN KINETICS
 OFFICE ADDRESS: VISCA, BAYBAY CITY, LEYTE

 POSITION: _____
 AGENCY/OFFICE: N/A
 OFFICE ADDRESS: _____

UNMARRIED CHILDREN BELOW EIGHTEEN (18) YEARS OF AGE LIVING IN DECLARANT'S HOUSEHOLD

NAME	DATE OF BIRTH	AGE
<u>N/A</u>	<u>NA</u>	<u>NA</u>
_____	_____	_____
_____	_____	_____

ASSETS, LIABILITIES AND NETWORTH

(Including those of the spouse and unmarried children below eighteen (18) years of age living in declarant's household)

1. ASSETS

a. Real Properties*

DESCRIPTION (e.g. lot, house and lot, condominium and improvements)	KIND (e.g. residential, commercial, industrial, agricultural and mixed use)	LOCATION	ASSESSED	CURRENT FAIR	ACQUISITION		ACQUISITION COST
			VALUE	MARKET VALUE	YEAR	MODE	
NA			(As found in the Tax Declaration of Real Property)				

Subtotal: _____

b. Personal Properties*

DESCRIPTION	YEAR ACQUIRED	ACQUISITION COST/AMOUNT
<u>N/A</u>		

Subtotal: _____

TOTAL ASSETS (a+b): _____

2. LIABILITIES*

NATURE	NAME OF CREDITORS	OUTSTANDING BALANCE
<u>N/A</u>		

TOTAL LIABILITIES: _____

NET WORTH : Total Assets less Total Liabilities = _____

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
NA			
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 relative/s in the government service)

NAME OF RELATIVE	RELATIONSHIP	POSITION	NAME OF AGENCY/OFFICE AND ADDRESS
NA			

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.

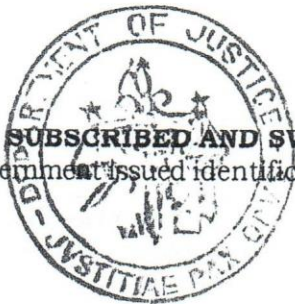
Date: APRIL 15, 2013

(Signature of Declarant)

Government Issued ID: SCHOOL ID
ID No.: VJ00159
Date Issued: _____

(Signature of Co-Declarant/ Spouse)

Government Issued ID: _____
ID No.: _____
Date Issued: _____



SUBSCRIBED AND SWORN to before me this 17 day of APRIL, affiant exhibiting to me the above-stated government issued identification card.

ROSULO U. VIVERO
PROSECUTOR II
OFFICER IN CHARGE
(Person Administering Oath)