Revised as of January 2015 Per CSC Resolution No. 1500088 Promulgated on January 23, 2015

SWORN STATEMENT OF ASSETS. LIABILITIES AND NET WORTH

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

As of May Decembersh 2018 gre

(Required by R.A. 6713)

| Negros Occidental, 6111 Fundly Name First Name (M. I.) AGENCY/OFFICE: | | Joint Filing | | Separate Filing | | Not Appli | cable | |
|--|-------------------------|------------------------|--|------------------|---|------------|-----------|-------------------------|
| AGENCY (OFFICE: OFFICE ADDRESS: DEFT, OF METEOROLOGY, SUBAYBAY CITY, LEYTE Negros Occidental, 6111 POUSE: Post of Manage (M. I.) AGENCY (OFFICE: OFFICE ADDRESS: DEFT, OF METEOROLOGY, SUBAYBAY CITY, LEYTE POST OFFICE ADDRESS: SUBAYBAY CITY, LEYTE SUBAYBAY CITY, LEYTE POST OFFICE ADDRESS: SUBAYBAY CITY, LEYTE SUBAYBAY CITY, LEYTE SUBAYBAY CITY, LEYTE SUBAYBAY CITY, LEYTE POST OFFICE ADDRESS: SUBAYBAY ADER OF POST OFFICE ADDRESS CONTROL SUBAYBAY SUBAYBAY CITY, LEYTE SUBAYBAY ADER OFFICE ADDRESS CONTROL SUBAYBAY ADER OFFICE ADDRESS CONTROL SUBAYBAY SUBAYBAY CITY, LEYTE SUBAYBAY ADER OFFICE ADDRESS CONTROL SUBAYBAY ADER OFFICE ADDRESS C | DECLARANT: | ANDAN | CHARLI | E S. | | POSITION: | | NSTRUCTOR-1 |
| DDRESS Prik. Narra, Brgy. Tabugon Kalabankalan City Negros Occidental, 6111 Family Name First Name (N. I.) POSITION: AGESCY/ OFFICE: OFFICE ADDRESS: | | | | | - | | _ | |
| POUSE: Position: Position | | | | | | | | |
| FOUSE: FOUSE: Framily Name (First Name) (M.1.) AGENCY/OFFICE: OFFICE ADDRESS: OFFICE ADD | ADDRESS | Prk. Narra, Brgy | . Tabugon Ka | labankalan City | _ | | V | /SU, BAYBAY CITY, LEYTE |
| Companies Comp | | Negros Occider | ntal, 6111 | | | | _ | |
| Companies Comp | SPOUSE: | | | | | POSITION: | | |
| UNMARRIED CHILDREN BELOW EIGHTEEN (18) YEARS OF AGE LIVING IN DECLARANT'S HOUSEHOLD NAME DATE OF BIRTH AGE N.A. ASSETS ASSETS, LIABILITIES AND NETW ORTH (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 KIND EXACT LOCATION LOCATION ASSESSED (As fined wide Fig. to the content of the spouse and unmarried children below eighteen (18) years of age living in declarant's household) ACQUISITION COST Fig. to these and by the production content of the spouse and unmarried children below eighteen (18) years of age living in declarant's household) ACQUISITION COST But Acquired Model of the production of the spouse and unmarried children below eighteen (18) years of age living in declarant's household) ACQUISITION COST ACQUISIT | | (Family Name) | (First Nam | ne) (M. I.) | - | | | |
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| NAME N.A. N.A. N.A. N.A. N.A. N.A. N.A. N.A | | | | | | | | |
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| Subtotal: P | improvements) | | | Real Property) | T | ILAK | MODE | ' |
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| DESCRIPTION YEAR ACQUIRED ACQUISITION COST/AMOUNT | | | | | | | Subtotal. | - |
| Nov 2017 50,000.00 | b. Personal F | Properties* | | | | | | |
| Nov 2017 50,000.00 | | DESCRI | DTION | | Ι, | WEAD AGO | WPPP | ACQUISITION COST/ |
| | | DESCRI | PIION | | - | | | AMOUNT |
| Subtotal: P 93,176.00 | DELL Laptop | | | | | Nov 20 | 17 | 50,000.00 |
| TOTAL ASSETS (a + b): NATURE NAME OF CREDITORS OUTSTANDING BALANCE | Cellphone (old) | | | | Jan 2016 | | | 43,176.00 |
| TOTAL ASSETS (a + b): NATURE NAME OF CREDITORS OUTSTANDING BALANCE | | | | | | | | |
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| NATURE NAME OF CREDITORS OUTSTANDING BALANCE TOTAL LIABILITIES: TOTAL LIABILITIES: NETWORTH: Total Assets Less Total Liabilities = 93,176.00 | | | | | | | Subtotal | : P 93,176.00 |
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| TOTAL LIABILITIES: NETWORTH: Total Assets Less Total Liabilities = 93,176.00 | | NATU | IRE | | NA | ME OF CR | EDITORS | OUTSTANDING BALANCE |
| TOTAL LIABILITIES: NETWORTH: Total Assets Less Total Liabilities = 93,176.00 | None | 77.0 | | | | | | |
| NETWORTH: Total Assets Less Total Liabilities = 93,176.00 | | 1 1 1 1 | | | | | | |
| NETWORTH: Total Assets Less Total Liabilities = 93,176.00 | | | | | | | | |
| | | | | | | TOTAL L | ABILITIE | ES: |
| Additional sheet/s may be used, if necessary. | | | NET | WORTH : Total As | sets Le | ss Total I | iabilitie | s = 93,176.00 |
| | *Additional sheet/s may | y be used, if necessar | v. | | | | | • |

BUSINESS INTERESTS AND FINANCIAL CONNECTIONS

(of Declarant/ Declarant's spouse/ Unmarried Children Below Eighteen(18) years of Age Living in Declarant Household)

| NAME OF ENTITY/BUSINESS ENTERPRISE | BUSINESS ADDRESS | NATURE OF BUSINESS INTEREST &/OR FINANCIAL CONNECTION | DATE OF ACQUISITION OF INTEREST OR CONNECTION |
|---------------------------------------|------------------|--|--|
| None | | | |
| | | | |
| | | | |

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 |
|------------------|--------------|----------|-----------------------------------|
| None | | | |
| - | | | |
| | | | |

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.

| me m my nouse | fillion covering previous years to | include the year i hrs | assumed office in government |
|-----------------------|------------------------------------|--|--|
| Date : | Y 3 1 2019 | | |
| (Signatu | are of Declarant) | (Signature of C | De la mont (Common) |
| Olgilatu | re of Declarant, | (Signature of Co | o-Declarant/Spouse) |
| Government Issu | ed ID: Agency ID VSU | Government Issued | ID: |
| ID No.: | V00929 | ID No.: | |
| Date Issued: | 09/12/2016 | Date Issued: | 7 |
| SUBSCRIB | ED AND SWORN to before me thi | s day of 2019 | QUEZON CITY 2017, affiant exhibiting to me |
| the above-stated | d government issued identificati | on card. | authoral Street |
| Doc. No. Page No. | | ADM MATTER NO | On (02)5463754; (02)9818500 loc 8680). NP-001; Roll of Attorney No. 65418 |
| Book No. Series of | 1 [// | IBP Lifetime No. 01784 PTR O.R. No. | 9; OR No. 009899; 6-21-2017; Pasig City 7347020; 1-3-2019; Quezon City 0. VI-0008032; April 24, 2018; Pasig City |

My Commission Expires on December 31, 2019