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.

dditional sheet/s may be used, if necessary.

As of December 31, 2016

(Required by R.A. 6713)

	Joint Filing		Separate Filing		Not Appl	icable	
DECLARANT:	ABAD HANNAH RISCAH F. POSITION: (Family Name) (First Name) (M. I.) AGENCY/OFFICE:						
DDRESS	CARIDAR), BKUP	BAN , IEN	<u>F</u>	OFFICE AD	DRESS:	
SPOUSE:	ABAD (Family Name)						
IINMARRII	ED CHILDDEN	BELOW EIGHTI	PEN (10) VEAD	COE ACE II			
	NA	NAME	EER (10) TEAR	-		OF BIRTH	AGE
_		The state of the s	A 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	je sanga sa	o elj ell e		
. ASSETS a. Real Properti		of the spouse an	d unmarried chi in declarant's h	ldren below e		years of age	THE SCHOOL S
DESCRIPTION	KIND	EXACT LOCATION	ASSESSED VALUE	CURRENT FAIR MARKET VALUE	ACQUISITION		ACQUISITION COS
	(e.g.residential, commercial, industrial, agricultural and mixed		(As found in the Tax Real Prop		YEAR	MODE	
10+ (4815am)	Recidential	CARIDAD, BAYBAY, LEYTE	Net perelin	or leitu son	2017	czsh	144,360
h. Personal Prov	nerties*	3 3 3 3 3	O DE M. BACK	dik (sousk		Subtotal: P	144,300 -
b. Personal Properties* DESCRIPTION			Y	EAR ACQUI	RED	ACQUISITION COST	
LAPTOP			2011			50,000	
BOOKS			2003			5,000	
JEWELRIES			2008		5,000		
Close Van (Isuzu Forward)			2017			1,600,00	
LIABILITIES*	1.1322	11 - 3 1 ₂ + 2	Paris, (E)		TOTAL ASS	Subtotal: P SETS (a + b):	1,660,000 -
NATURE NATURE			NAME OF CREDITORS			OUTSTANDING BALANCE	
			100	AA4	TOTAL T	ABILITIES:	6·00 -

NETWORTH: Total Assets Less Total Liabilities =

1,804,300



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

 \square 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	
MA				
			T = 194	
1	mula e			

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 relautive/s in the government service.

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

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.

Date: April 8	2018		
(Signature	of Declarant)	(Signat	ure of Co-Declarant/Spouse)
Government Issued ID No.: Date Issued:	VSU VODD839 May 4,1204	Government I ID No.: Date Issued:	ssued ID:
	AND SWORN to before me this _ ment issued identification care		2018 affiant exhibiting to me the
			(Person Administering Oath)