SWORN STATEMENT OF ASSETS, LIABILITIES AND NET WORTH

As of AUGUST 31, 2014

(Required by R.A. 6713)

Note: H	usband and wife wh	o are both public o					ointly or separately.
10.75] Joint Filing		Separate Filing		Not Applic	able	
CLARANT:	DE PAOUA (Family Name)	(First Name)	P. (M. I.)	_	POSITION:		INSTRUCTOR 1 DEPARTMENT OF AGRICULT
					OFFICE ADD	RESS:	150 baying city
DRESS	Leyte	as gar, cay	bay city,	-		-	
OUSE:	The control of the co	N/A		<u> </u>	POSITION:	-	NA
OUSE:	(Family Name)	(First Name)	(M. I.)		AGENCY/OF	FICE:	2/2
					OFFICE ADD	RESS:	N/A
UNMAR	RIED CHILDREN	BELOW EIGHT	EEN (18) YEARS	S OF AGE LI	VING IN DE	CLARAN	T'S HOUSEHOLD
		NAME	Interest security of the	a jin ka as	Tree or an artist	F BIRTH	
	XI	@0 0	P. L. Phys. Comp. 19 (1997)		11	/ x	
	10	One	ra-duana.	1 19	N	A	NA
		ACCETO	S, LIABILITIES	AND NETWO	DTH		
	(Including those		nd unmarried chi	1 1 1 1 1 1 1 1 1	The second secon	years of	age
-		living	g in declarant's h	ousehold)			
ASSETS							
a. Real Prop	erties*						
	EXACT ASSESSED FAIR						
DESCRIPTION	KIND	LOCATION	VALUE	MARKET VALUE	ACQU	ISITION	ACQUISITION COST
(e.g. lot, house and lot condominium and	(e.g.residential, commercial, industrial,		(As found in the Tax Real Prop		YEAR	MODE	
improvementsi	agricultural and mixed					1	de la lasse
None		n ten m		Maria a series			har reserved
	1 N/A	N/A	NA	IN/A	N/A	NA	NIA
None	1 4// 3	1 // 3	1 1 //)	1 // 1	1 7//)	14//) (7//)
	na Seat pro e					Subtotal:	P N/A
b. Personal I	Properties*						
	DESCRI	PTION		Y	EAR ACQUIR	ED	ACQUISITION COST/ AMOUNT
Cell Plone				2015			P 5000 B
Laptops				2013			P 8000.10
						1	
						Cultura	D F
						Subtotal	1 3,000
. LIABILITIES	; *				TOTAL ASS	P12 (8 -	b): \$ 13,600 100
NATURE				NAME OF CREDITORS			OUTSTANDING BALANCE
				1 - 111 111			BALANCE
None				I I/A			N/A
	gnantiti			1			,,,,
					TOTAL LI		
			NETWORTH:	Total Assets	Less Total	Liabiliti	es = \$ 13,000.00

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	A	MA	MA	

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 relavtive/s in the government service.

NAME OF RELATIVE	RELATIONSHIP	POSITION	NAME OF AGENCY/OFFICE AND ADDRESS	
None	NA	NA	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 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: 09 26	12014	
Les	ful	
(Signatur	of Declarant)	(Signature of Co-Declarant/Spouse)
Government Issued ID No.:	PhitHealth 13-025429456-3	Government Issued ID No. :
Date Issued:	09/20/16	Date Issued:
	AND SWORN to before me this _nment issued identification card.	day of 2013, affiant exhibiting to me the
		(Person Administering Oath)