STATEMENT OF ASSETS, LIABILITIES, AND NET WORTH, AND DISCLOSURE OF BUSINESS INTERESTS AND FINANCIAL CONNECTIONS, AND RELATIVES IN THE GOVERNMENT SERVICE As of December 31, 201 (Required by R.A. Nos. 3019 and 6713)

(Note: Husband and Wife who are both public officials or employees may

file the required statements jointly or separately.)

lama.		Jointly filed.	No. of Concession, Name of Street, or other Designation, Name of Street, Name	eparately file		7 1		
Name	(Surname)	(First Name)	Soles (Middle)		_ Position Office	Instructor I DLABS VSU		
ddress =~	,	,	,	~ .	Office Address	Visco	Barriba.	CH. 10
	-30 de 0	edonoe s	st leagh	day		VISCO	~ayvay	AH, HE
I am married	I am not ma	rried						
pouse _	Cordona.	Erio	Pelican	0	Position	OFW		
	(Surname)	(First Name)	First Name) (Middle)		Office	100		
					Office Address	Manil	9	
nmarried Chilren bel	ow 18 years of a	age living in his/	her househ	old: (use a	dditonal sheet/s	, if necessa	ry)	
	Na	me				Date o	f Birth	

							-	
I have no children b	elow 18 years of ag	ge living in my hou	isehold.					
_	1	ASSETS, L		AND NET	WORTH			
ASSETS(including	that of the decla	No. of the contract of the con				of age livin	g in	
his/her household)								
	OPERTY/IES (us							
KIND (Res./Comm./ Agri., etc.)	NATURE OF PROPERTY	LOCATION	ACQUI	SITION	ASSESSED VALUE	FAIR MARKET VALUE	ACQUISITION COST	
							Land,	Improve
			MODE	YEAR			Building, Others	ments
							Others	
		-		,				
						TOTAL		-
B. PERSON	AL PROPERTY/	IES AND OTHE			tional sheet/s, i	f necessary)	
Clothica		ACQUISITION MODE			YEAR ACQUISITION COSTS*			
					IL	5,000		
rao IIII. G		CASIT	West of		. 9(8)0		1-4-	
INTANG	IBLE				+			
		na swaling				TOTAL		-
For computation pur								1
s/her household sha eparate filing.	ili be excluded as	s well as the pa	rapnemai/e.	xclusive pi	operties of spot	ise, ili case	OI	
. LIABILITIES (inclu	ding that of the	declarant's spou	ise and unn	narried chi	Idren below 18	vears of age	e living in	
his/her household)		8 L. C. S. e. L. C. C.						
NATU	Experience to the	NAME OF CREDITO			*OUTSTANDING BALANCE			
	1							
						100000		
	(- :f					TOTAL	Many and Land	
use additional sheet n the computation o		lance propertie	es of unmar	ried childre	en helow 18 vea		ving in	
s/her household sha								
eparate filing.			73.162	T. M. T.				
. NET WORTH (TO	TAL ASSETS (I)	LESS TOTAL	LIABILITIES	S(II)= NET	WORTH (III)			
0.00		Section.			TOTAL NET	WORTH		7,7
						-	and a second second second	. (1)1
HINT AND A			24			000	englis, in policy according	UM TU
1105-0	1-17-01		12.			#.Conta	access to be seen to a co	OV X.
MIN'S		(806 J91 9	(5)					0 246

TO SALIN THE SALIV

AMOUNT AND SOURCES OF GROSS INCOME (All amounts received from ALL sources for the preceeding calendar year)

NATURE(salary/income/business, etc.) SOURCES **AMOUNT** Annual Salaru Part-time teacher 250 (use additional sheet/s, if necessary) TOTAL AMOUNT OF PERSONAL AND FAMILY EXPENSES (for the preceeding calendar year) **ESTIMATED ESTIMATED** PERSONAL EXPENSES **FAMILY EXPENSES AMOUNT AMOUNT** Masteral 4.000 (use additional sheet/s, if necessary) TOTAL TOTAL AMOUNT OF INCOME TAXES PAID (for the preceeding calendar year) NATURE **AMOUNT** Annual Salaru Compensation 8 71,250 Business Income Other Income (use additional sheet/s, if necessary) TOTAL **BUSINESS INTERESTS AND FINANCIAL CONNECTIONS** (Declarant/Unmarried Children 18 years of age living in the household of declarant) (Use additional Sheet/s if necessary) We don't have any business interests and financial connections. NATURE OF BUSINESS DATE OF NAME OF ENTITY/ **BUSINESS ADDRESS** INTEREST AND/OR ACQUISITION **BUSINESS ENTERPRISE** OF INTEREST OR FINANCIAL CONNECTIONS RELATIVE/S IN THE GOVERNMENT (Up to the 4th civil degree of relationship, either by consanguinity or affinity, including bilas, inso and balae) (Use additional Sheet/s if necessary) We don't know of any relative/s in Government. NAME OF OFFICE/ POSITION NAME OF RELATIVE RELATIONSHIP ADDRESS Auntic Principal Luzvininda Cacande Bray. Councilor Tito Senarin Loveto I/We hereby certify that these are my/our true and detailed assets, liabilities, net worth, amount and sources of income, personal and family expenses, amount of income taxes paid, business interests and financial connections, including those of my spouse and my/our children below 18 years of age living in my household, and the name/s of my relative/s in the ____, as required by and in accordance with Republic Act No. 3019 and 6713. Government, as of December 31, ____ I/We hereby authorize the Ombudsman or his duly authorized representative to obtain and secure from all appropriate agencies, including the Bureau of Internal Revenue, such documents that may show such assets, liabilities, net worth, business interests and financial connections, including those of my spouse and my/our children below 18 years of age living in my household, covering the previous years, and if possible, including the year I/we first assumed office in Government. I/We further undertake to produce all supporting documents for each of the entries herein made when required. Bouterdown Declarant's Signature: Jan 31,2012 Date Signed: (For Separate Filing) Spouse's Signature: Date Signed : JANday of 2012 SUBSCRIBED AND SWORN TO before me on this and employee nut 68 5 PR CART his/her/their tax identification number (s) 31970980 NOTARY PUB/LIC 1'3ER 31, 2012 DEC UOC. NO ._ (Person Administering Tath)818 PAGE NO._ DEL PILAR ST. BAY BAY, LEVTE XUUI 300K, NO. _ 21 A NO . 916061A 01-03-2011 01-03-2011 SEAIES OF 2012 IBP NO. 808822 ATTY'S ROLL NO. 35375 05-28-88