

As of December 31, _____
(Required by R.A. Nos. 3019 and 6713)

☐ Jointly filed. ☐ Separately filed.

Position _____
Office _____

Office Address _____

Position _____
Office _____

Office Address

1. _____
2. _____
3. _____

ASSETS, LIABILITIES AND NET WORTH

A. REAL PROPERTY/IES (use additional sheet/s, if necessary)

[illegible]

TOTAL:

B. PERSONAL PROPERTY/IES AND OTHER ASSETS (use additional sheet/s, if necessary)

B. PERSONAL PROPERTY, LESS AND OTHER ASSETS (use additional sheets, if necessary)			
TANGIBLE	ACQUISITION		ACQUISITION COST*
	MODE	YEAR	
INTANGIBLE			

TOTAL:

TOTAL ASSETS (A+B)= _____

NATURE	NAME OF CREDITOR/S	*OUTSTANDING BALANCE

(use additional sheet/s, if necessary)

TOTAL:

III. NET WORTH (TOTAL ASSETS (I) LESS TOTAL LIABILITIES (II) = NET WORTH (III))

TOTAL NET WORTH:

AMOUNT AND SOURCES OF GROSS INCOME

(ALL amounts received from ALL sources for the preceding calendar year)

NATURE (salary/income, business, etc.)	SOURCES	AMOUNT

(use additional sheet/s, if necessary)

TOTAL: _____

AMOUNT OF PERSONAL AND FAMILY EXPENSES

(for the preceding calendar year)

PERSONAL EXPENSES	ESTIMATED AMOUNT	FAMILY EXPENSES	ESTIMATED AMOUNT

(use additional sheet/s, if necessary)

TOTAL: _____

TOTAL: _____

AMOUNT OF INCOME TAXES PAID

(for the preceding calendar year)

NATURE	AMOUNT
Compensation	
Business Income	
Other Income	

(use additional sheet/s, if necessary)

TOTAL: _____

BUSINESS INTERESTS AND FINANCIAL CONNECTIONS

(Declarant/Spouse/Unmarried Children below 18 years of age living in the household of declarant)

(Use Additional Sheet/s, if necessary)

☐ I/We don't have any business interests and financial connections.

Name of Entity/Business Enterprise	Business Address	Nature of Business Interest and/or Financial Connection	Date of Acquisition of Interest or Connection

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)

☐ I/We don't know of any relative/s in Government.

Name of Relative	Relationship	Position	Name of Office/Address

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 Government, as of December 31, _____, as required by and in accordance with Republic Act No. 3019 and 6713.

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 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.

Declarants' Signature: _____
Date: _____ Date: _____

(For Separate Filing) Spouse's Signature: _____
Date: _____

SUBSCRIBED AND SWORN TO before me on this _____ day of _____, 20____, affiant(s) exhibiting his/her/their tax identification number(s) _____ and employee number(s) _____.

(Person Administering Oath)