AGE

NA

NA NA

NA

Subtotal:

TOTAL ASSETS (a+b):

NA

143554.6

SWORN STATEMENT OF ASSETS, LIABILITIES AND NET WORTH

As of December 31, 2022 (Required by R.A. 6713)

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

☑ Not Applicable

DATE OF BIRTH

NA

NA

NA

NA

☐ Joint Filing

NAME

NA

NA

NA

NA

DECLARANT:	MANGAOA	NG EUGENE VAL	D.	POSITION:	Instructor I
	(Family Na	me) (First Name)	(M.I.)	AGENCY/OFFICE:	Visayas State University
ADDRESS:	Blk 1, Lot 3,	VSU Coop Housing, Brgy Marcos		OFFICE ADDRESS:	Department of Computer Science
	Baybay City,	Leyte			and Technology, Visayas State
					University, Baybay City, Leyte
SPOUSE:	NA	NA	NA	POSITION:	NA
	(Family Na	ne) (First Name)	(M.I.)	AGENCY/OFFICE:	NA
				OFFICE ADDRESS:	NA
					NA
	BD CHILDE	en dei om Pichtern (1	DI WEAE	O OF ACE I TUNG IN	DECLADANT'S HOUSEHOLD

ASSETS, LIABILITIES AND NETWORTH

(Including those of the spouse and unmarried children below eighteen (18) years of age living in declarant's household)

1. ASSETS

Real Properties*

DESCRIPTION (e.g. lot, house and lot, condominium and improvements)	KIND (e.g. residential, commercial, industrial, agricultural and mixed use)	exact Location		CURRENT FAIR MARKET VALUE the Tax Declaration of all Property)		MODE	ACQUISITION COST
NA	NA	NA	NA	NA	NA	NA	NA
NA	NA	NA	NA	NA	NA	NA	NA
NA	NA	NA	NA	NA	NA	NA	NA

b. Personal Properties*

DESCRIPTION	YEAR ACQUIRED	ACQUISITION COST/AMOUNT
Desktop unit	2020	48374
Electronics	2021	15559
Clothing	2021	4283
Electronics	2022	70612
Clothing	2022	4726.6
	Subtotal:	143554.6

* Additional sheet/s may be used, if necessary.

2. LIABILITIES*

NATURE	NAME OF CREDITORS	OUTSTANDING BALANCE	
NA	NA	NA NA	
NA	NA	NA	
NA	NA	NA	
NA	NA	NA	

TOTAL LIABILITIES:

NET WORTH: Total Assets less Total Liabilities =

143554.6

BUSINESS INTERESTS AND FINANCIAL CONNECTIONS

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

2 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	
NA NA	NA	NA	NA NA	
NA	NA	NA	NA	
NA	NA	NA	NA	
NA	NA	NA	NA	

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		
Mary Shiela D. Fuentes	Aunt	Assistant Professor	Davao del Norte State College, Panabo City, Davao del Norte		
Eula Marie D. Mangaoang	Sister	Extension Associate	University of the Philippines Diliman, Quezon City		

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 my relatives in the government within the 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 13	3, 2023	_			
	Flygous			NA	b Personal Prop
Signo	ture of Declarant)		(Signature o	of Co-Declaran	t/Spouse)
Government Issued ID:	TIN		Government Issued ID:	NA	
ID No.:	419969741	Way or all the National of	ID No.:	NA	A Market Committee of the Committee of t
Date Issued:	March 20, 2012	1 2 7 7	Date Issued:	NA	THU CODINGL
	-	1 4	APR 2023		
SUBSCRIBED ANI				xhibiting to	me the above-stated
government issued iden	illication card.		Man		
				UINOCOR	
			(Person Administer	rina ()ath)	

^{*} Additional sheet/s may be used, if necessary.