

SWORN STATEMENT OF ASSETS, LIABILITIES AND NET WORTH

As of December 31, 2023

(Required by R.A. 6713)

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

☐ Joint Filing ☐ Separate Filing ☒ Not Applicable

DECLARANT: FAELNAR LADY MAY C.
(Family Name) (First Name) (M. I.)

POSITION: NURSE III
AGENCY/OFFICE: VSU HOSPITAL
OFFICE ADDRESS: VISCA, BAYBAY CITY, LEYTE

ADDRESS: ZONE 4 BRGY. GUADALUPE
BAYBAY CITY LEYTE

SPOUSE: N/A
(Family Name) (First Name) (M. I.)

POSITION: N/A
AGENCY/OFFICE:
OFFICE ADDRESS:

UNMARRIED CHILDREN BELOW EIGHTEEN (18) YEARS OF AGE LIVING IN DECLARANT'S HOUSEHOLD

NAME	DATE OF BIRTH	AGE
N/A	N/A	N/A

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

a. Real Properties*

DESCRIPTION <small>(e.g. lot, house and lot, condominium and improvements)</small>	KIND <small>(e.g. residential, commercial, industrial, agricultural and mixed)</small>	EXACT LOCATION	ASSESSED VALUE	CURRENT FAIR MARKET VALUE	ACQUISITION		ACQUISITION COST
			<small>(As found in the Tax Declaration of Real Property)</small>		YEAR	MODE	
NONE							

Subtotal: P -

b. Personal Properties*

DESCRIPTION	YEAR ACQUIRED	ACQUISITION COST/ AMOUNT
MOTORCYCLE	2014	99,000.00
GADGETS	2019	40,000.00
CASH ON BANK	2020	11,000.00
JEWELRIES	2023	50,000.00
FURNITURE AND APPLIANCES	2023	35,000.00

Subtotal: P 235,000.00

TOTAL ASSETS (a + b): 235,000.00

2. LIABILITIES*

NATURE	NAME OF CREDITORS	OUTSTANDING BALANCE
CASH LOAN	HOME CREDIT	101,816.00
VSU-CDC	VSU-CDC	15,000.00
CREDIT CARD	PNB	23,000.00

TOTAL LIABILITIES: 139,816.00

NETWORTH : Total Assets Less Total Liabilities = 95,184.00

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

BUSINESS INTERESTS AND FINANCIAL CONNECTIONS

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

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
NONE	N/A	N/A	N/A

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
CHRISTELLE VENUS F. CAPUNO	1ST DEGREE COUSIN	MEDICAL OFFICER III	VSU HOSPITAL
CHARMAGNE FAITH F. CAPUNO	1ST DEGREE COUSIN	COLLEGE INSTRUCTOR	VISAYAS SOCIO-ECONOMIC RESEARCH AND DATA ANALYTICS CENTER

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 15,2024

LADY MAY C. FAELNAR
(Signature of Declarant)

N/A
(Signature of Co-Declarant/Spouse)

Government Issued ID PRC
ID No. : 742927
Date Issued: 7-Mar-12

Government Issued ID: N/A
ID No. : N/A
Date Issued: N/A

SUBSCRIBED AND SWORN to before me this 15 day of APR 2024 affiant exhibiting to me the above-stated government issued identification card.

RYSAN C. GUINOCOR
(Person Administering Oath)