

SWORN STATEMENT OF ASSETS, LIABILITIES AND NET WORTH

As of Sept. 20, 2020

(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: ALCUINO JOE EDWARD M
(Family Name) (First Name) (M. L.)

POSITION: INSTRUCTOR I
AGENCY/OFFICE: VISAYAS STATE UNIVERSITY
OFFICE ADDRESS: VISCA BAYDAY CITY, LEYTE

ADDRESS CAPT. FLORDELIS ST. BRGY. EASTERN
HILONGOS, LEYTE

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

POSITION: _____
AGENCY/OFFICE: _____
OFFICE ADDRESS: _____

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

NAME	DATE OF BIRTH	AGE
<u>N/A</u>	_____	_____
_____	_____	_____
_____	_____	_____

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	
<u>N/A</u>							

Subtotal: P _____

b. Personal Properties*

DESCRIPTION	YEAR ACQUIRED	ACQUISITION COST/AMOUNT
SAVINGS ACCOUNT	2019	500.00

Subtotal: P _____

TOTAL ASSETS (a + b): 500.00

2. LIABILITIES*

NATURE	NAME OF CREDITORS	OUTSTANDING BALANCE
<u>N/A</u>		

TOTAL LIABILITIES: _____

NETWORTH : Total Assets Less Total Liabilities = 500.00

*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
N/A			

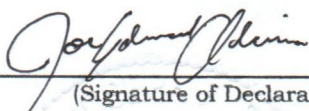
RELATIVES IN THE GOVERNMENT SERVICE*(Within the Fourth Degree of Consanguinity or Affinity. Include also Bilas, Balae and Inso)*✓ *I/ We do not know of any relative/s in the government service.*

NAME OF RELATIVE	RELATIONSHIP	POSITION	NAME OF AGENCY/OFFICE AND ADDRESS
N/A			

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 : _____



(Signature of Declarant)

(Signature of Co-Declarant/Spouse)

Government Issued voter's certification
 ID No. : 37190026BF0598JMA 10000-2
 Date Issued: 10/15/2020

Government Issued
 ID No. :
 Date Issued:

Doc. No. 345
 Page No. 108
 Book No. 1
 Series of 200

SUBSCRIBED AND SWORN to before me this _____ day of _____ 2020, affiant exhibiting to me the above stated government issued identification card.

JOE EDWARD M. ALCUINO
 (Person Administering Oath)

JOSEPH T. PULAGUE
 NOTARY PUBLIC
 FOR THE PROVINCE OF LETE
 UNTIL 31 DECEMBER 2020
 ROLL NO. 42519-10 MAY 1997
 NOTARIAL COMMISSION NO.
 208-2019-07
 MCLE COMPLIANCE NO.
 VI-0014324 VALID UNTIL
 14 APRIL 2022