SWORN STATEMENT OF ASSETS, LIABILITIES AND NET WORTH

As of Dec. 31, 2020

(Required by R.A. 6713)

		☐ Joint Filing	is arrivery		
DECLARANT:	CUTAMORA	CHARLIE MARK	F.	POSITION:	Administrative Aide III
	(Family Name)	(First Name)	(M.I.)		
				AGENCY/OFFICE:	VSU
ADDRESS:	Tandang Sora, Bay	bay City		OFFICE ADDRESS:	Visca, Baybay City, Leyte
SPOUSE:	CUTAMORA	NORA	C.	POSITION:	Nurse
SPOUSE:	CUTAMORA (Family Name)	NORA (First Name)	C. (M.I.)	RELATIVES IN TH	Nurse
SPOUSE:	(Family Name)	De Company of the		POSITION: AGENCY/OFFICE:	Nurse
SPOUSE:	(Family Name)	(First Name)		AGENCY/OFFICE:	Nurse
SPOUSE:	(Family Name)	(First Name)	(M.I.)	AGENCY/OFFICE:	Nurse
SPOUSE:	(Family Name)	(First Name)	(M.I.)	AGENCY/OFFICE:	Nurse
BPOUSE:	(Family Name)	(First Name)	(M.I.)	AGENCY/OFFICE:	PALCI PARTAMENTO LIGAR - MARCALLA MARCALLA
POUSE:	(Family Name) UNMARRIED CHIL	(First Name) DREN BELOW EIGHTE	(M.I.)	AGENCY/OFFICE: OFFICE ADDRESS: OF AGE LIVING IN DECL	ARANT'S HOUSEHOLD
SPOUSE:	(Family Name)	(First Name) DREN BELOW EIGHTE	(M.I.)	AGENCY/OFFICE: OFFICE ADDRESS: OF AGE LIVING IN DECL	ARANT'S HOUSEHOLD
SPOUSE:	(Family Name) UNMARRIED CHIL	(First Name) DREN BELOW EIGHTE	(M.I.)	AGENCY/OFFICE: OFFICE ADDRESS: OF AGE LIVING IN DECL	ARANT'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

a. Real Properties*

DESCRIPTION (e.g. lot, house	(e.g. residential, commercial, industrial, agricultural and mixed use)	EXACT	ASSESSED VALUE	CURRENT FAIR MARKET VALUE	ACQ	UISITION	ACQUISITION COST
and lot, condominium and improvements)			(As found in the Tax Declaration of Real Property)		YEAR MODE		nes automos Elucios d
NONE							
		gnamine of Co.	84				innepid)

Subtotal:

b. Personal Properties*

DESCRIPTION	YEAR ACQUIRED	ACQUISITION COST/AMOUNT	
Appliances	2017	10,000.00	
Motorcycle	2017	89,000.00	
Cellphone	2020	4,000.00	

Subtotal: 103,000.00

TOTAL ASSETS (a+b): 103,000.00

2. LIABILITIES*

NATURE	NAME OF CREDITORS	OUTSTANDING BALANCE	
CONSOL	GSIS		
POLICY	GSIS	2,822.62	
GFAL	GSIS	129,060.86	
HELP	GSIS	13,853.08	

TOTAL LIABILITIES: 211,721.23

NET WORTH: Total Assets less Total Liabilities = -108,721.23

BUSINESS INTERESTS AND FINANCIAL CONNECTIONS

(of Declarant's spouse/ Unmarried Children Below Eighteen (18) years of Age Living in Declarant's 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	
		outles games temps	(small (limet)	
NONE	BUILD LINEON			
remarks only Leyte	OFFICE ADDRESS: 1	sylleny Octy	Contract - Testing Soc.	

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)

MANE OF RELATIVE	RELATIONSHIP	POSITION	NAME OF AGENCY/OFFICE AND ADDRESS
MANUEL MANUEL	17021104	PO1	
CHARLES HOUSEHOUD	OF AGE LIVING IN SHEET	BRASE (AL) MESTER	THIMAPPLIAD GENERAL BELOW ET
	DECEMBER OF STATE		A GENERALLY TO SERVICE A S

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 14	, 2021	
Cliffmon	r	
(Signature of D	eclarant)	(Signature of Co-Declarant/Spouse)
Government Issued ID: ID No.: Date Issued:	MID - 8543-1	Government Issued ID: ID No.: Date Issued:
SUBSCRIBED AND SWO government issued identificate	PRN to before me this ion card.	APR 2001, affiant exhibiting to me the above-states
		ATTY: RYSAN C. GUINOCOR
		(Person Administering Oath)