SWORN STATEMENT OF ASSETS, LIABILITIES AND NET WORTH

As of **December 31, 2021**

(Required by R.A. 6713)

Note: Husb	and and wife who o	are both public	officials and emplo	yees may file	the required	statemer	nts jointly	or separately.
	Joint Filing		Separate Filing	K	Not Appli	cable		
DECLARANT:	SOROÑO,	TRIANA	F.		POSITION: INS		INSTRUC	TOR 1
	(Family Name)	(First Name)	(M. l.)	•	AGENCY/O	FFICE:		STATE UNIVERSITY
					OFFICE AD	DRESS:	VISCA, E	BAYBAY CITY, LEYTE
ADDRESS	BRGY. CONSUEGRA	, LEYTE, LEYTE						
SPOUSE:		N.A.			POSITION:		N.A.	
31 OOSD.	(Family Name)	(First Name)	(M. L)	-	AGENCY/OFFICE:		N.A.	
					OFFICE ADDRESS:		N.A.	
UNMARRI	ED CHILDREN B	ELOW EIGH	TEEN (18) YEAR	S OF AGE I	LIVING IN I	DECLAR	ANT'S F	IOUSEHOLD
		NAME			DATE	OF BIRT	н	AGE
	N.A.		-	•		N.A.		N.A
	·							
		ACCE	rs, liabilities					
1. ASSETS a. Real Prope		age li	e and unmarried of ving in declarant	S household, CURRENT FAIR)	JISITION	.s oj	
(e.g. lot, house and lot	(e.g.residential,	LOCATION	(As found in the Tax	MARKET VALUE Declaration of				ACQUISITION COST
condominium and improvements)	commercial, industrial, agricultural and mixed		Real Propo		YEAR	MOL	E	
None					ļ	ļ		
						ļ		
					<u> </u>			
b. Personal P		water to be to	441 30 AA		FAR ACOUNT	Subtota		- CQUISITION COST/
	DESCRIP?	PION		and the same	EAR ACQUI			AMOUNT
∡aptop (HP, Elitebook)				2021				35,000.0
Smartphone (Hua	wei)				2020	- · · · · · -		18,000.0
			· · ·			Subtota	d: P	53,000.0
2. LIABILITIES*				,	TOTAL AS	SETS (a	+ b):	53,000.0
. LIABILITIES	NATUR			NAM	E OF CRED	ITORS		OUTSTANDING
Globe Postpaid			Globe Telecom				BALANCE 7,188.0	
			i i i					.,
					T/O=1 = "	IA TOTAL		P 100 0
					TOTAL L	mbill'i	LES:	7,188.0
			NETWORTH : To	-4-1 4-: •				45,812.0

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.

BUSINESS ADDRESS	NATURE OF BUSINESS INTEREST &/OR FINANCIAL CONNECTION	DATE OF ACQUISITION OF INTEREST OR CONNECTION	
Mar. 201710	ISULGYA, LETTE LETTE	RESS BRGY, CD	
	AW		
YOAKAN T	(ii d.). simili toriii (Strai	Cylintosta	
IOV SOTATO	6.22 FL. 1		
	BUSINESS ADDRESS	BUSINESS ADDRESS INTEREST &/OR FINANCIAL CONNECTION	

RELATIVES IN THE GOVERNMENT SERVICE

(Within the Fourth Degree of Consanguinity or Affinity. Include also Bilas, Balae and Inso)

 $\boxed{\hspace{-0.1cm} \text{\mathbb{Z}}}$ I/We do not know of any relavtive/s in the government service.

NAME OF RELATIVE	RELATIONSHIP	POSITION	NAME OF AGENCY/OFFICE AND ADDRESS		
None			Real Properties		
	TAIS STORE	CHARLESIED .	Data com Marca asa		
ACQUISTED N CO	BUAV	again so			
ALCON TO SERVICE AND ALCON TO	128637	and pain	The comment of the co		

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:30	-Mar-22					
53,000.00	Counc	ne	×-			
(Signati	are of Declarant)	(Signature of Co-I	Declarant/Spouse)			
Government Issue	d IETIN	Government Issued ID:	na.			
ID No.:	341795688	ID No.:	ha.			
Date Issued:	12/7/2018	Date Issued:	h-A-	Globe Postpald		
		0 7 APR 2022				
SUBSCRIB	ED AND SWORN to before me this	day of	8	affiant		
exhibiting to me	the above-stated government issue	ed identification card.	MI.			
		RYSA	O GUINOCOR			
	TOTAL LIABILITIES:	(Person Administering Oath)				