## SWORN STATEMENT OF ASSETS, LIABILITIES AND NET WORTH

SPOUSE:	Conde (Family Name		Brian Name)	Y. (M.I.)	POSITION: AGENCY/OFFICE:	I		use Supervisor ity of Otago
0 3	(Failing Name	, (First	Name)	(11.1.)	OFFICE ADDRESS:	1	Leith Stree	et, North Dunedin w Zealand 9016
UNMARRI	ED CHILDRE	100	GHTEEN	(18) YEARS (	OF AGE LIVING I	n deci	LARANT'	
	Alfonzo Se	NAME ebastian P. Co	onde		May 3, 2016		6yrs	7months
-								
1. ASSETS a. Real	(Inclu	uding those of	the spous	se and unmarr	ID NETWORTH ied children belou rant's household)	v eighte	en (18)	
	l Properties*	uding those of yea	the spous	se and unmarr	ied children belou		en (18)	ACQUISITION

b.	<b>Personal</b>	Properties*
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b. I cisonal i toportios		
DESCRIPTION	YEAR ACQUIRED	ACQUISITION COST/AMOUNT
Personal portable electronic gadgets	various years	194,853.71
Cash in local bank and at hand	-	1,100,000.00
Cash in overseas bank, combined with spouse		631,287.28
VSUCC deposits, combined with spouse		181,519.51
Studentsafe Insurance	2022	61,440.55
St. Peter Life Plan	S 19 19 3	78,000.00
2 = 8 1 1		

Subtotal: 2,247,101.05

TOTAL ASSETS (a+b): 2,247,101.05

Subtotal:

<sup>\*</sup> Additional sheet/s may be used, if necessary.

## 2. LIABILITIES\*

NATURE	NAME OF CREDITORS	OUTSTANDING BALANCE
H-E-L-P Loan	GSIS	7,525.54
N/A	N/A	

TOTAL LIABILITIES: 7,525.54

NET WORTH: Total Assets less Total Liabilities = 2,239,575.51

## **BUSINESS INTERESTS AND FINANCIAL CONNECTIONS**

(of Declarant / 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
VSU Credit Cooperative	VSU, Baybay City, Leyte	Member	2016
N/A		197 77 19	dunis ( 5, )

## 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
Christian Anthony G. Palermo	Brother	Agriculturist	Philippine Coconut Authority, Baras, Palo, Leyte
	A LIGHT PA	TALLY SAFE	11.50 1 019.55 1 00.0 per

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: March 30, 2023	Albih
(Signature of Declarant)	(Signature of Co-Declarant/Spouse)
Government Issued ID:  ID No.:  Date Issued:  VSU ID  V000773  Jan. 7, 2013	Government Issued ID:  ID No.:  Date Issued:
SUBSCRIBED AND SWORN to before me this government issued identification card.	MAR 2023 day of, affiant exhibiting to me the above-stated  ATTY RYSAYC GUNOCOR  (Person Administering Oath)

<sup>\*</sup> Additional sheet/s may be used, if necessary.