# SWORN STATEMENT OF ASSETS, LIABILITIES AND NET WORTH

As of December 31, 2019 (Required by R.A. 6713)

DECLARANT:	BAGARINAO	MARIEDITH	I.	POSITION:	Instructor III
E.		(First Name)	(M.I.)	AGENCY/OFFICE:	Visayas State University
ADDRESS:	Brgy, Marcos			OFFICE ADDRESS:	Baybay City, Leyte
	Baybay, Leyte				The same of the sa
SPOUSE:	BAGARINAO	CARLO JIMM	М.	POSITION:	Laboratory Technician
	(Family Name)	(First Name)	(M.I.)	AGENCY/OFFICE:	Visayas State University
				OFFICE ADDRESS:	Baybay City, Leyte
UNMARRI	ED CHILDREN BE	LOW EIGHTEEN	(18) YEARS (	OF AGE LIVING IN	DECLARANT'S HOUSEHO
	NAME	C		DATE OF BIRTH	AGE
	50.500 to 100 to				
	NA				

## 1. ASSETS

### **Real Properties\***

ACQUISITION	QUISITION	AC	CURRENT FAIR MARKET VALUE	ASSESSED VALUE	EXACT LOCATION	KIND  (e.g. residential, commercial, industrial, agricultural and mixed	(e.g. lot, house and lot, condominium and improvements)
	MODE	YEAR	(As found in the Tax Declaration of Real Property)			use)	
DIISIDESS IN	erests and m	aheial	onnections, re	cluding tho	e of my spouse and t	nmarried child	NA
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years of age living in declarant's household)

### b. Personal Properties\*

DESCRIPTION	YEAR ACQUIRED	ACQUISITION COST/AMOUNT	
Electronic gadgets	2013-2019		
Tricycle and a second a second and a second	2015	200,000.00	
Jewelries .	2013-2019	30,000.00	
Ormoc Memorial Garden	2018	24,700.00	
St. Peter Life Plan	2017 & 2019	27,025.00	
Motorcycle	2019	31,185.00	
Bank savings account	2018	135,071.46	
Credit cooperative savings account	2017	135,010.99	

Subtotal: 692,992.45

TOTAL ASSETS (a+b): **692,992.45** 

#### 2. LIABILITIES\*

NAME OF CREDITORS	OUTSTANDING BALANCE	
Ormoc Memorial Garden	32,300.00	
St. Peter Life Plan, Inc.	55,475.00	
EMCOR	129,195.00	
	Ormoc Memorial Garden St. Peter Life Plan, Inc. EMCOR	

TOTAL LIABILITIES: 216,970.00

NET WORTH: Total Assets less Total Liabilities = 476,022.45

# 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
NA ADA	DATE OF BIRTH	BMA:	

#### 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
Marichu F. Itang	Sister	Instructor I	Eastern Visayas State University, Tacloban CIty
Cleofe L. Abrenzosa	1 <sup>ST</sup> degree cousin	Lawyer	Bulwagan ng Katarungan, Tacloban City
Reynaldo I. Coquilla	1 <sup>ST</sup> degree cousin	Police Officer	Pilipppine National Police, Caloocan, Metro Manila

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 aboveenumerated 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: MARIEDITH I (Signature of Declarant)

Government Issued ID: ID No.:

V00917

Date Issued:

Office ID

August 01, 2016

CARLO JIM BAGARINAO

(Signatur -Declarant/Spouse)

Government Issued ID:

ID No .: Date Issued: Driver's License Ho3-05-000851

September 09, 2019

SUBSCRIBED AND SWORN to before me this 2 7 MAY 2020 government issued identification card.

affiant exhibiting to me the above-stated

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