

SWORN STATEMENT OF ASSETS, LIABILITIES AND NET WORTH

As of December 31, 2022

(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: MANINGO, LYNDON L.
(Family Name) (First Name) (M. I.)

ADDRESS: SAN AGUSTIN BAYBAY, CITY, LEYTE

SPOUSE: MANINGO, DENA G.
(Family Name) (First Name) (M. I.)

POSITION: INSTRUCTOR 1

AGENCY/OFFICE: INSTITUTE OF HUMAN KINETICS

OFFICE ADDRESS: VSU-VISCA PANGASUGAN, BAYABY, CITY, LEYTE

POSITION: TEACHER III

AGENCY/OFFICE: DEPED-BAYBAY

OFFICE ADDRESS: BAYABY, CITY, LEYTE

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

NAME	DATE OF BIRTH	AGE
N/A	N/A	N/A

ASSETS, LIABILITIES AND NETWORKTH

(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 <small>(As found in the Tax Declaration of Real Property)</small>	CURRENT FAIR MARKET VALUE	ACQUISITION		ACQUISITION COST
					YEAR	MODE	
NONE	NA	NA	NA	NA	NA	NA	NA

Subtotal: P

b. Personal Properties*

DESCRIPTION	YEAR ACQUIRED	ACQUISITION COST/ AMOUNT
PERSONAL COMPUTERS -ACER 11"	2013	7,000.00
PERSONAL COMPUTERS -ACER 14" (SECONDHAND)	2015	8,000.00
MOTORCYCLE-HONDA XRM 125	2013	30,000.00
CELLPHONE- SAMSUNG A30S-SMART PHONE (GLOBE PLAN)	2017	8,000.00
EPSON PRINTER L565	2017	7,500.00
MUTUAL FUND	2015	46,255.81
Bank Savings (BPI)	2021	10,993.00
Bicycle	2021	10,000.00
Subtotal: P		127,748.81
TOTAL ASSETS (a + b):		127,748.81

2. LIABILITIES*

NATURE	NAME OF CREDITORS	OUTSTANDING BALANCE
CELLPHONE- SAMSUNG S6-SMART PHONE (GLOBE PLAN)	GLOBE	36,000.00
DUPLEX HOUSING BILLS (WATER AND ELECTRICITY)	PPO	8,000.00
HOUSE MAINTENANCE AND PERONAL CONSUMPTION	MALLS AND ETC.	30,000.00
HEALTH INSURANCE PLAN	KAISER	95,252.00
Parent's House Bills	Leyeco IV/Water District/CARD Inc.	92,000.00
TOTAL LIABILITIES		261,252.00
NETWORTH : Total Assets Less Total Liabilities =		(133,503.19)

*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
INTERN'L MARKETING GROUP	CEBU CITY	HEALTH INSURANCE AND MUTUAL FUND	JAN. 15, 2015

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
SONIA M. BULLISER	AUNT	TEACHER	DEPARTMENT OF EDUCATION
CEREZ ANN FATIMA D. PLACENCIA	COUSINE	TEACHER	DEPARTMENT OF EDUCATION

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 : March-23

[Signature]
(Signature of Declarant)

[Signature]
(Signature of Co-Declarant/Spouse)

Government Issued ID:
ID No. : V000860
Date Issued: 10-Mar-14

Government Issued ID:
ID No. : _____
Date Issued: 31 MAR 2023

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

[Signature]
ATTY. IN AN. C. GUINOCOR
Vice Consul
(Person Administering Oath)