SWORN STATEMENT OF ASSETS, LIABILITIES AND NET WORTH

As of Qual 2019-31

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ECLARANT:	Cupm	liveri			POSITION:	Assive mg I	
	(Family Name)	(First Name)	(M. I.)		AGENCY/OFFICE:	Visayas State University	
					OFFICE ADDRESS:	Visca, Baybay City, Leyte	
DDRESS	Apt. 2 Kilborno St.	, Usu, Baybay	, legts			5375173755	
		SECTION SECTION	ARC 1				
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rouse.	(Family Name)	(First Name)	(M. I.)		AGENCY/OFFICE:	PS + AM Neave Farm D	
					OFFICE ADDRESS:	***************************************	
						dinta 9584, UZ	
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BUSINESS INTERESTS AND FINANCIAL CONNECTIONS

(of Declarant/ Declarant's s	spouse/ Unmarried Childr	en Below Eigh any busine	ateen(18) years of ss interest or	Age Living in Dec	larant Household) ection.	
NAME OF ENTITY/BUSINESS ENTERPRISE	Busindes ad	DDRESS INTERE		F BUSINESS ST &/OR CONNECTION	DATE OF ACQUISITION O INTEREST OR CONNECTION	
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NAME OF RELATIVE	RELATIONSHIP	PO	ositio n	NAME OF AGENCY/OFFICE AN ADDRESS		
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I hereby certify that the usiness interests and financial ghteen (18) years of age living numerated are names of relationship authorize the small appropriate government ay show my assets, liabilities by spouse and unmarried children to include the year I first state: S/16/2010	Ombudsman or his, net worth, business dren below 18 years	ding those and that to ent within for duly a g the Bures interests of age livin	of my spouse the best of my ourth civil de uthorized repand and financial	and unmarried knowledge, to gree of consarresentative to Revenue such	ed children below the above- aguinity or affinity obtain and secure documents that	
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(Signature of Declarant)		(Signature of Co-Declarant/Spouse)				
vernment Issued ID: VSU 10 No.: V000167 e Issued:		Government Issued ID: ID No.: Date Issued:				
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	o votes, send shallow		NAME AND ADDRESS OF THE PERSON	C. GUINOCOR		