SWORN STATEMENT OF ASSETS, LIABILITIES AND NET WORTH

As of December 31, 2020

(Required by R.A. 6713)

DECLARANT:	Salomon	Jedess Miladel	N.	POSITION:		Assistant	Professor II
	(Family Name)	(First Name)	(M.I.)	AGENCY/OFFICE:	Na		Research Center
ADDRESS:	Christ Bap	otist Church, Guadalup	e	OFFICE ADDRESS	:	Visayas Sta	ate University
	Ва	ybay City, Leyte				Baybay	City, Leyte
POUSE:			S	POSITION:		Pastor Christ Baptist Church Guadalupe, Baybay City	
			(M.I.)	AGENCY/OFFICE:	-		
				OFFICE ADDRESS	:		, Baybay City eyte
	10055	herry West States	arem seamen	is anno santi beyo	le (* AP ST	X	
UNMARRI	ED CHILDREN BE	ELOW EIGHTEEN	(18) YEARS C	F AGE LIVING	IN DEC	LARANT'S	S HOUSEHOL
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	Sofia Yssabela	N. Salomon	I	December 15, 20	15		5
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a. Real DESCRIPTION e.g. lot, house and lot, condominium and improvements	Properties* KIND (e.g. residential, commercial, industrial, agricultural and mixed	those of the spous years of age l	ASSESSED VALUE (As found in	current fair MARKET VALUE the Tax Declaration of	ACQI	UISITION	
a. Real DESCRIPTION e.g. lot, house and lot, condominium and improvements	Properties* KIND (e.g. residential, commercial, industrial, agricultural and mixed	those of the spous years of age l	ASSESSED VALUE (As found in	current fair MARKET VALUE the Tax Declaration of	ACQI	UISITION	
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a. Real	Properties* KIND (e.g. residential, commercial, industrial, agricultural and mixed	those of the spous years of age l	ASSESSED VALUE (As found in	current fair MARKET VALUE the Tax Declaration of	ACQI	UISITION	

DESCRIPTION	YEAR ACQUIRED	ACQUISITION COST/AMOUNT	
Gadgets	2013-2020	50,000.00	
Jewelries	2013-2020	10,000.00	
Clothes	2013-2020	20,000.00	
Car (Mitsubishi Mirage GLS, second-hand)	2018	400,000.00	

Subtotal: 480,000.00

TOTAL ASSETS (a+b): 480,000.00

^{*} Additional sheet/s may be used, if necessary.

2. LIABILITIES*

OUTSTANDING BALANCE	NAME OF CREDITORS	NATURE	
250,000.00	GSIS		Loans
80,000.00	vsucc	3	
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TOTAL LIABILITIES:

NET WORTH: Total Assets less Total Liabilities =

330,000.00

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
N/A	REATHER SERVE	0.00	

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
Elmer M. Nuñez	Father	MARO	Department of Agrarian Reform
Gregorio M. Nuñez	Uncle	Supply Officer	Agricultural Training Institute
Jaime M. Nuñez	Uncle	Coconut Dev't Officer	Philippine Coconut Authority
Lilian B. Nuñez	Aunt	Assistant Professor	Institute for Strategic Research and Development Studies
Remigilda S. Salomon	Husband's Aunt	Municipal Secretary	Municipality of Limasawa, So. Leyte

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: April 13, 2021

(Signature of Declarant)

Government Issued ID: UMID

ID No.: 006-0096-0006-5

Date Issued: NA

(Signature of Co-Declarant/Spouse)

Government Issued ID: Driver's license

H12-12-001344

Date Issued: March 15, 2018

SUBSCRIBED AND SWORN to before me this ___day of government issued identification card.

affiant exhibiting to me the above-stated

(Person Administering Oath)

^{*} Additional sheet/s may be used, if necessary.