SWORN STATEMENT OF ASSETS, LIABILITIES AND NET WORTH

As of December 31, 2020 (Required by R.A. 6713)

Note: Husband and wife who are both public officials and employees may file the required statements jointly or separately. ☐ Separate Filing ☐ Joint Filing ☑ Not Applicable CALUNANGAN CRUZA DECLARANT: FE POSITION: Administrative Aide IV (Family Name) (First Name) (M.I.) Cash Division, VSU, Baybay City ADDRESS: 12 N. L. Fernandez OFFICE ADDRESS: Street, Baybay City SPOUSE: (Deceased) POSITION: AIM (Family Name) (First Name) (M.I.) AGENCY/OFFICE: OFFICE ADDRESS: UNMARRIED CHILDREN BELOW EIGHTEEN (18) YEARS OF AGE LIVING IN DECLARANT'S HOUSEHOLD NAME DATE OF BIRTH AGE None ASSETS, LIABILITIES AND NETWORTH

1. ASSETS

a. Real Properties*

DESCRIPTION (e.g. lot, house and lot, condominium and improvements)	KIND (c.g. residential, commercial, industrial, agricultural and mixed use)	EXACT LOCATION	ASSESSED	CURRENT FAIR MARKET VALUE	ACQUISITION		ACQUISITION COST
			(As found in the Tax Declaration of Real Property)		YEAR	MODE	
Land	Residential	Brgy. Marcos, Baybay City, Leyte	50,000.00	70,000.00	2003	Purchased	100,000
Lot#43,44 &45	Residential	Ormoc City, Leyte			2002	Purchased	176,400.00

(Including those of the spouse and unmarried children below eighteen (18) years of age living in declarant's household)

Subtotal:

276,400.00

b. Personal Properties*

DESCRIPTION	YEAR ACQUIRED	ACQUISITION
		COST/AMOUNT
Motorcycle, Honda	2003	23,000.00
Motorcycle, Aura	2008	25,000.00
Cellphone, OPPO	2016	5,000.00
Cellphone, OPPO F9	2018	18,000.00
Furnitures / Jewelries	1994 - 2015	100,000.00
Plant stand (iron) / Omamentals	2019 - 2020	20,000.00
Savings (pension and allotment)	2014 - 2020	500,000.00

Subtotal: 691,000.00

TOTAL ASSETS (a+b): 967,400.00

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

LIABILITIES*

NATURE	NAME OF CREDITORS	OUTSTANDING BALANCE	
Property Tax		6,000.00	

TOTAL LIABILITIES:

6,000.00

NET WORTH: Total Assets less Total Liabilities =

961,400.00

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
None			

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)

RELATIONSHIP NAME OF RELATIVE POSITION NAME OF AGENCY/OFFICE AND ADDRESS Victor Felino C. Calunangan Son Admin. Aide Visayas State University, Baybay City, Leyte April Gayle V. Calunangan Daughter-In-Law Instructor III Visayas State University, Baybay City, Leyte Maria Luisa P. Calunangan Sister-In-Law Midwife RHU, Mangagoy, Surigao del Sur

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 12, 2021		
(Signa	ture of Declarant)	(Signature of Co-Declarant/Spouse)
Government Issued ID: ID No.: Date Issued:	Visayas State University (VSU) V000585	Government Issued ID: ID No.: Date Issued:
SUBSCRIBED AN government issued idea	D SWORN to before me this ntification card.	day of, affiant, exhibiting to me the above-stated
	*	(Person Administering Oath)
	Pa	ge 2 of 2

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