Revised as of January 2015
Per CSC Resolution No. 1500088
Promulgated on January 23, 2015

SWORNSTATEMENT 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.*

❑ *Joint Filing* ❑ *Separate Filing* ❑ *Not Applicable*

DECLARANT:	**GALVEZ**	**KARL JOHN A.**		**POSITION:**	INSTRUCTOR 1
	(Family Name)	(First Name)	(M.I.)	**AGENCY/OFFICE:**	VISAYAS STATE UNIVERSITY
ADDRESS:	APT. 25,KILBOURNE DRIVE, VSU,VISCA, BAYBAY CITY			**OFFICE ADDRESS:**	VISCA, BAYBAY CITY, LEYTE
SPOUSE:				**POSITION:**	N.A.
	(Family Name)	(First Name)	(M.I.)	**AGENCY/OFFICE:**	N.A.
				OFFICE ADDRESS:	N.A.

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

NAME	DATE OF BIRTH	AGE
		NA

ASSETS,LIABILITIESANDNETWORTH

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

1. ASSETS

a. RealProperties*

DESCRIPTION (e.g. lot, house and lot, condominium and improvements)	KIND (e.g. residential, commercial, industrial, agricultural and mixed use)	EXACT LOCATION	ASSESSED VALUE (As found in the Tax Declaration of Real Property)	CURRENT FAIR MARKET VALUE (As found in the Tax Declaration of Real Property)	ACQUISITION YEAR	ACQUISITION MODE	ACQUISITION COST
							NA

Subtotal: —

b. Personal Properties*

DESCRIPTION	YEAR ACQUIRED	ACQUISITION COST/AMOUNT
OPPO CELL PHONE	2019	18,000
St. peter plan	2019	36,000
Sun Life (life insurance plan)	2019	450,000
Cash-on-bank	2020	20,000

Subtotal : **524,000**

TOTAL ASSETS (a+b): **524,000**

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

LIABILITIES*

NATURE	NAME OF CREDITORS	OUTSTANDING BALANCE
St. Peter (Mortuary)		25,000
Sun Life (Life Insurance)		419,000
		444,000
		80,000

NET WORTH : Total Assets less Total Liabilities =

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

BUSINESSINTERESTSANDFINANCIALCONNECTIONS

(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

RELATIVESINTHEGOVERNMENTSERVICE

(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
GRACE MONTALBAN	Aunt	SUPERVISOR	DEPARTMENT OF EDUCATION
MA. ELENA A. MENDOZA	Aunt	CITY AGRICULTURIST	CITY AGRICULTURAL SERVICES OFFICE, ORMOC CITY
LORINA A. GALVEZ	MOTHER	FACULTY	DFST,VSU

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, networth, 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: April15, 2021

KARL JOHN A. GALVEZ
(Signature of Declarant)

(Signature of Co-Declarant/ Spouse)

Government Issued ID:	VSU ID	Government Issued ID:	N.A.
ID No.:	V-01131	ID No.:	N.A.
Date Issued:	July 11, 2019	Date Issued:	N.A.

15 APR 2021

SUBSCRIBED AND SWORN to before me this_____day of_____, 2021 affiant exhibiting to me the above-stated government issued identification card.

ATTY. RYSAN C. GUINOCOR
(Person Administering Oath)