# SWORN STATEMENT OF ASSETS, LIABILITIES AND NET WORTH

As of December 2018 (Required by R.A. 6713)

DECLARANT:	TAUY,	CHRISTIE CYRENE	Т.	POSITION:	Guidance Counselor I
nago de Ordono compos	(Family Name)	(First Name)	(M.I.)	AGENCY/OFFICE:	University Student Services
					Office
DDRESS:	Mirambel Subdivision			OFFICE ADDRESS:	VSU, Visca, Baybay City
	Brgy, Gabas, Baybay City, Leyte				
		ectrumanos, saism	AMD DIMA		- Class
SPOUSE:	TAUY,	JEMUEL	S	POSITION:	Head, Instructional Services
	(Family Name)	(First Name)	(M.I.)	AGENCY/OFFICE:	Kananga EDC Institute of
					Technology (KEITECH)
				OFFICE ADDRESS:	Brgy Rizal, Kananga, Leyte

## ASSETS, LIABILITIES AND NETWORTH

April 27, 2005

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

### 1. ASSETS

# a. Real Properties\*

Haikela Shiza Taganas Tauy

(e.g. lot, house and lot, condominium	KIND  (e.g. residential, commercial, industrial, agricultural and mixed use)	EXACT	VALUE	CURRENT FAIR MARKET VALUE	ACQUISITION		ACQUISITION
and improvements)		bas british your		nd in the Tax Declaration of Real Property)		MODE	
NONE	THE STATE OF THE SERVICES	Tara estual selection		godadi zeur			

Subtotal:

13

## b. Personal Properties\*

<b>DESCRIPTION</b>	YEAR ACQUIRED	ACQUISITION COST/AMOUNT
White Westinghouse Oven	2018	22,000.00
Kitchen Aid	2018	5,000.00
Dress & Accessories	2018	20,000.00
Laptop	2017	15,000.00
Cell Phone Unit	2017	8,000.00
Motorcycle	2016	59,000.00
Double Deck Bed	2015	11,000.00
Coop Deposit	2015	90,000.00
St Peter's Investment	2013	32,000.00

Subtotal: 262,000.00

<sup>\*</sup> Additional sheet/s may be used, if necessary.

#### 2. LIABILITIES\*

NATURE	NAME OF CREDITORS	OUTSTANDING BALANCE
NONE		
Confirmation to the comment of the c	TOTAL T PARTICI	

TOTAL LIABILITIES:

NET WORTH: Total Assets less Total Liabilities = 262,000.00

#### **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
NONE			
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#### 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
Vincent Rey T. Taganas	Brother	Head, General Services Office	Municipality of Kananga, Leyte
Hazel Grace T. Taganas	Sister	Assistant Director	ATI-NTC, Visca, Baybay City
Marina F. Taganas	Sister-in-law	Teacher	Kananga Municipal High School
Santiago T. Peña, Jr	First Cousin	Instructor	Visayas State University
0			Facilities green to a file

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 aboveenumerated 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: March 21, 2019				
00.000 41		21/15		
(Signa	ature of Declarant)		(Signature of Co-Deci	larant/Spouse)
Government Issued ID:	School ID		Government Issued ID:	
ID No.:	V000505		ID No.:	
Date Issued:	January 2, 2010	d Lue.	Date Issued:	
		aros ,	1 MAR 2019	
SUBSCRIBED AN	ID SWORN to before	ore me this_	day of, affiant exhibiti	ng to me the above-stated
government issued ide	ntification card.		Main	
			ATTY. RYSAN C. GUINO	COR
			(Person Administering Oc	ath)

<sup>\*</sup> Additional sheet/s may be used, if necessary.