

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.

Joint Filing Separate Filing Not Applicable

DECLARANT: EDULLANTES MELODINA P.
(Family Name) (First Name) (M. I.)

POSITION: Science Research Specialist

AGENCY/OFFICE: BIDA NI-ISRDS, VSU

OFFICE ADDRESS: Visca, Baybay City

ADDRESS BRGY. VALENCIA, ORMOC CITY

SPOUSE: EDULLANTES ALBERT S.
(Family Name) (First Name) (M. I.)

POSITION: Powerplant Technician

AGENCY/OFFICE: Energy Development Corp.

OFFICE ADDRESS: Tongonan, Ormoc City

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

NAME	DATE OF BIRTH	AGE
N.A	N.A	N.A

ASSETS, LIABILITIES AND NETWORTH

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

1. ASSETS

a. Real Properties*

DESCRIPTION (e.g. lot, house and lot, condominium and immovable)	KIND (e.g. residential, commercial, industrial, agricultural and mixed)	EXACT LOCATION	ASSESSED VALUE	CURRENT FAIR MARKET VALUE	ACQUISITION		ACQUISITION COST
			(As found in the Tax Declaration of Real Property)		YEAR	MODE	
None							

Subtotal: P -

b. Personal Properties*

DESCRIPTION	YEAR ACQUIRED	ACQUISITION COST/AMOUNT
HOME APPLIANCE, FURNITURES, BOOKS, JEWELRIES	1997-2020	400,000.00
COOP, BANK DEPOSITS, & OTHER INVESTMENTS	2001-2020	350,000.00
4-WHEEL VEHICLE (PASSENGER TYPE MULTICAB)	2017	140,000.00

Subtotal: P 890,000.00

TOTAL ASSETS (a + b): 890,000.00

2. LIABILITIES*

NATURE	NAME OF CREDITORS	OUTSTANDING BALANCE
CONSOL, HELP, PAG-ML	GSIS, PAG-IBIG	450,000.00
SPECIAL LOAN/REGULAR	VSUCDC	200,000.00

TOTAL LIABILITIES: 650,000.00

NETWORTH : Total Assets Less Total Liabilities = 240,000.00

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

BUSINESS INTERESTS AND FINANCIAL CONNECTIONS

(of Declarant/ Declarant's spouse/ Unmarried Children Below Eighteen(18) years of Age Living in Declarant 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			

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
N/A			

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 relatives in the government within 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 14, 2021

Rysan C. Guinocor
(Signature of Declarant)

N.A
(Signature of Co-Declarant/Spouse)

Government Issued ID Employment ID
ID No. : V000401
Date Issued: Jan. 2012

Government Issued ID: _____
ID No. : _____
Date Issued: _____

15 APR 2021

SUBSCRIBED AND SWORN to before me this _____ day of _____ 2020, affiant exhibiting to me the above-stated government issued identification card.

ATTY. RYSAN C. GUINOCOR
(Person Administering Oath)