SWORN STATEMENT OF ASSETS, LIABILITIES AND NET WORTH

As of <u>December 31, 2020</u> (Required by R.A. 6713)

DECLARANT:	BALDONADO	CHRISTIAN VIE	P.	POSITION:		INST	RUCTOR	
	(Family Name)	(First Name)			1.000	INSTRUCTOR S STATE UNIVERSITY		
ADDRESS:	BRGY. COMBIS			OFFICE ADDRESS	:	BAYBAY	CITY, LEYTE	
	DULAG, LEYTE							
SPOUSE:	BALDONADO	CHARMAINE	MAMG. QWA B	POSITION:	niaua		JOB ORDER)	
	(Family Name)	(First Name)	(M.I.)	AGENCY/OFFICE:		VISAYAS STATE UNIVERSITY HOSPITAL		
				OFFICE ADDRESS	:		TE UNIVERSITY	
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UNWARKI	ED CHILDREN BE		(18) YEARS C		IN DEC	LARANT		
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		ASSETS, LIA	ABILITIES AN	D NETWORTH				
	(Including	those of the spouse			-	een (18)		
		uears of age li	vina in declar	ant's household)				
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a. Real	KIND	EXACT	ASSESSED VALUE (As found in t	CURRENT FAIR	A	DISITION MODE	ACQUISITIO	
a. Real	KIND (e.g. residential, commercial, industrial, agricultural and mixed	EXACT	ASSESSED VALUE (As found in t	CURRENT FAIR MARKET VALUE the Tax Declaration of	ACQU		ACQUISITIO	
a. Real	KIND (c.g. residential, commercial, industrial, agricultural and mixed use)	EXACT LOCATION	ASSESSED VALUE (As found in t	CURRENT FAIR MARKET VALUE the Tax Deckaration of al Property)	ACQU	MODE	ACQUISITION COST	
a. Real	KIND (c.g. residential, commercial, industrial, agricultural and mixed use)	EXACT LOCATION	ASSESSED VALUE (As found in t	CURRENT FAIR MARKET VALUE the Tax Deckaration of al Property)	ACQU	MODE	ACQUISITION COST	
a. Real DESCRIPTION e.g. lot, house and lot, condominium and improvements) NONE	KIND (c.g. residential, commercial, industrial, agricultural and mixed use) NA	EXACT LOCATION NA MARKONIAN	ASSESSED VALUE (As found in tage) NA	CURRENT FAIR MARKET VALUE the Tax Deckaration of al Property) NA	ACQU YEAR NA	NA NA	ACQUISITION COST	
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* Additional sheet/s may be used, if necessary.

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2. LIABILITIES*

NATURE	NAME OF CREDITORS	OUTSTANDING BALANCE
LOAN	TNEACHER-NEEDS-ASSISTANCE COOPERATIVE	18,000.00
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TOTAL LIABILITIES: 18,000.00

NET WORTH: Total Assets less Total Liabilities = 140,000.00

BUSINESS INTERESTS AND FINANCIAL CONNECTIONS

(of 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
NA NA	NA	NA NA	NA NA

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
NELMA P. BALDONADO	MOTHER	MASTER TEACHER I	JULITA NATIONAL HIGH SCHOOL
BERNARDITA P. VENEZUELA	AUNT	AGRICULTURIST II	PHILIPPINE COCONUT AUTHORITY VIII
DANIEL C. PADUANO	UNCLE	INSTRUCTOR	EVSU - DULAG CAMPUS
MANUEL C. PADUANO	UNCLE	GENRAL UTILITY WORKER	EVSU – DULAG CAMPUS
GERALDINE S. PADUANO-FABILA	FIRST COUSIN	BOARD SECRETARY	NATIONAL MARITIME POLYTECHNIC TACLOBA

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.

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Wh	t)∑	
eclarant)	(Signature of Co-	-Declarant/Spouse)
	Government Issued ID: ID No.: Date Issued:	PERSONAL EFFECTS AF COR PRINTER
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on card.	ATTY, RYSAN C. GUINOCO	ibiting to me the above-stated (R) (1) (1) (2) (3) (4) (4) (5) (6) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7
	PRN to before me this on card.	Government Issued ID: ID No.: Date Issued: APP 2021 PRN to before me thisday of, affiant exhibition card.

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