

SWORN STATEMENT OF ASSETS, LIABILITIES AND NET WORTH

As of December 2019-21  
(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
		N/A

ASSETS, LIABILITIES AND NETWORK

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

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	2019	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)		32,400
Sun Life (Life Insurance)		435,000
		<b>467,400</b>
		<b>56,600</b>

**NET WORTH : Total Assets less Total Liabilities =**

\* 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'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

## 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
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, 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: JUNE 30, 2020

**KARL JOHN A. GALVEZ**

(Signature of Declarant)

(Signature of Co-Declarant/ Spouse)

Government Issued ID: VSU ID  
ID No.: V-01131  
Date Issued: July 11, 2017

Government Issued ID: N.A.  
ID No.: N.A.  
Date Issued: N.A.

**SUBSCRIBED AND SWORN** to before me this 01 JUL 2020 day of \_\_\_\_\_, affiant exhibiting to me the above-stated government issued identification card.

**ATTY. RYSAN C. GUINOCOR**  
(Person Administering Oath)