# SWORN STATEMENT OF ASSETS, LIABILITIES AND NET WORTH

### As of December 2019

(Required by R.A. 6713)

		Joint Filing	☐ Separate	Filing 🔀 Not	Applical	ole	
		less Total Liabilitie					
DECLARANT:	GALVEZ	KARL JOH		POSITION:	n. 11 15021	INSTRUC VISAYAS STATE	
	(Family Name)	(First Name)	(M.I.)	AGENCY/OFFIC			
ADDRESS:		NE DRIVE, VSU,VISCA,		OFFICE ADDRES	SS:	VISCA, BAYBAY	CITY, LEYTE
	BAYBAY CITY	WOLLDWING TAX	OVERVIEW CON		SUBINE	1	
POUSE:				POSITION:		N.A	iof Declin
. 0002.	(Family Name)	(First Name)	(M.I.)	AGENCY/OFFIC		N.A	
	. (0)	STATION IDENTIFIED AND A	831 MII 382III	OFFICE ADDRES	SS:	N.A	
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ONNECTION	INTEREST OR C	CST &/OR FINANCIAL	ENTER			5883	ENTERPR
	NA	AME		DATE OF BIRT	н	- N/A	GE
	N	AME		DATE OF BIRT	н		GE
	N		E GOVERNM	DATE OF BIRT			GE.
agaadaa. Assets	tosul Isra	ASSETS, LI	ABILITIES A	THE MISSVITAL	<u>I</u> ow eigh	teen (18)	SE SMAN SOARC
. ASSETS	(Includi	ASSETS, LI	ABILITIES A	AND NETWORTH	<u>I</u> ow eigh	teen (18)	NAME OF R
a. Real	Includi (Includi MENT OF EDUCATI	ASSETS, LI	ABILITIES A	AND NETWORTH	I low eigh d)	teen (18)	NAME OF R
a. Real	(Including Annual Annua	ASSETS, LI ng those of the spous years of age	ABILITIES Ase and unma living in decl	IND NETWORTH rried children bel arant's household	I low eigh d)	N/A  N/A  teen (18)  STATICALIS  MARKATIV  ASSOCIATIV	NAME OF R
a. Real	(Includition of the Includition	ASSETS, LI ng those of the spous years of age	ABILITIES A se and unma living in decla  ASSESSED  VALUE  (As found in	AND NETWORTH rried children bei arant's household	I low eigh d)	N/A  N/A  teen (18)  STATICALIS  MARKATIV  ASSOCIATIV	ACQUISITION
. ASSETS	(Includition of the Includition	ASSETS, LI ng those of the spous years of age  EXACT LOCATION	ABILITIES A se and unma living in decla  ASSESSED  VALUE  (As found in	AND NETWORTH  Tried children being arant's household  CURRENT FAIR  MARKET VALUE  The Tax Declaration of	[ ow eigh d)	teen (18)	A TO JMAN

### b. Personal Properties\*

DESCRIPTION STREET STREET STREET	YEAR ACQUIRED	ACQUISITION COST/AMOUNT
OPPO CELL PHONE anivil again a susar 81 water northing t	musmanu bins 2019 gs. ym. lio as	000,81clude the
St. peter plan . Insurance office in government	all abular of 2019 sucreary grid	5000 blod 36,000
Sun Life ( life insurance plan)	2019	450,000
Cash-on-bank	2019 0800 08	20,000
A STATE OF THE STA	REJOHN A. GALVEZ	8.81
A.A. (Cl. bours) transport	GLUZY GL	evicel transative()
A S		ov Ci
day of, affiant extabiling or no the above—unch	hora cuterflittein l	SUBSCRIBE

 Subtotal :
 524,000

 TOTAL ASSETS (a+b):
 524,000

Subtotal:

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

## EIABILITIES\*

NATURE	NAME OF CREDITORS	OUTSTANDING BALANCE
St. Peter (Mortuary)	TEMENT OF ASSETS, LIABILITIES	Are 940We 32,400
Sun Life (Life Insurance)	As at December 2019	435,000
	TALLED OF THE STATE OF THE STAT	

467,400 56,600

NET WORTH: Total Assets less Total Liabilities =

### BUSINESS INTERESTS AND FINANCIAL CONNECTIONS

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

If 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	
O TOTAL ROUSE TO THE	YOR ON SOME SOME TO BE		CONTRACTOR OF THE ASSETT	
2-DA	DATE OF BIRTH	AME		

#### 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	NTALBAN 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 J	OHN A. GALVEZ		
(Signa	ature of Declarant)	(Signature of Co-De	clarant/Spouse)
Government Issued ID:	VSU ID	Government Issued ID:	N.A.
ID No.:	V-01131	ID No.:	N.A.
Date Issued:	July 11, 2017	Date Issued:	N.A.
government issued ide	ID SWORN to before me this ntification card.	ATTY. RYSAN C. GUIL (Person Administering C	

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