

SWORN STATEMENT OF ASSETS, LIABILITIES AND NET WORTH

As of September 30, 2019

(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:	CIRCULADO	VALERIE	D.	POSITION:	Administrative Aide IV
	(Family Name)	(First Name)	(M.I.)	AGENCY/OFFICE:	Cash Office
ADDRESS:	PANGASUGAN BAYBAY CITY, LEYTE			OFFICE ADDRESS:	Visayas State University
					Visca, Baybay City, Leyte
SPOUSE:	N.A.			POSITION:	N.A.
	(Family Name)	(First Name)	(M.I.)	AGENCY/OFFICE:	
				OFFICE ADDRESS:	

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

NAME	DATE OF BIRTH	AGE
ALEANNA MARRIE C. VALENZONA	December 01, 2015	3

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

Subtotal: -

b. Personal Properties*

DESCRIPTION	YEAR ACQUIRED	ACQUISITION COST/AMOUNT
Laptop	2018	27,000.00
Cellphone	2019	7,500.00

Subtotal : 34,500.00

TOTAL ASSETS (a + b): P 34,500.00

2. LIABILITIES*

NATURE	NAME OF CREDITORS	OUTSTANDING BALANCE
Emergency Loan	VSU-AdPA	6,500.00

TOTAL LIABILITIES:P 6,500.00

NET WORTH : Total Assets less Total Liabilities =P 28,000.00

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

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

N.A.

(Within the Fourth Degree of Consanguinity or Affinity. Include also Bilas, Balae and Inso)

GEORGE S. CIRCULADO

FATHER

FARM WORKER I

DEPT. OF FORESTRY, VSU, VISCA, BAYBAY CITY,
LEYTE

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.

(Signature of Declarant)

PhilHealth

ID No.: 13-025360778-6

Date Issued:

N.A.

(Signature of Co-Declarant/ Spouse)

Government Issued ID:

ID No.:	N/A
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Date Issued:

28 OCT 2019

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

ATTY. RYAN C. GUINOCOR
(Person Administering Oath)