

SWORN STATEMENT OF ASSETS, LIABILITIES AND NETWORTH

As of December 31, 2013

(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:

MODINA RUS MENDEL R.
(Family Name) (First Name) (M.I.)

POSITION:

INSTRUCTOR I

AGENCY/OFFICE:

VISAYAS STATE UNIVERSITY

OFFICE ADDRESS:

VISCA, BAYBAY, LEYTE

ADDRESS

305 G.H. DEL PILAR ST.
BAYBAY CITY, LEYTE

SPOUSE:

MODINA CHORYN C.
(Family Name) (First Name) (M.I.)

POSITION:

TEACHER I

AGENCY/OFFICE:

MAKINLAS NATIONAL HIGH SCHOOL

OFFICE ADDRESS:

MAKINLAS, BAYBAY, LEYTE

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

NAME	DATE OF BIRTH	AGE
<u>RYSHON CRIS C. MODINA</u>	<u>AUGUST 19, 2013</u>	<u>10 mos. old</u>

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 <small>(e.g. lot, house and lot, condominium and improvement)</small>	KIND <small>(e.g. residential, commercial, industrial, agricultural and mixed)</small>	LOCATION	ASSESSED VALUE	CURRENT FAIR MARKET VALUE	ACQUISITION		ACQUISITION COST
			<small>(As found in the Tax Declaration of Real Property)</small>		YEAR	MODE	
<u>N/A</u>							

Subtotal: P

b. Personal Properties*

DESCRIPTION	YEAR ACQUIRED	ACQUISITION COST / AMOUNT
<u>Cell phone</u>	<u>2011</u>	<u>P 4,000.00</u>
<u>Laptop</u>	<u>2011</u>	<u>P 23,000.00</u>

Subtotal: P

P 27,000.00

TOTAL ASSETS (a + b):

P 27,000.00

2. LIABILITIES*

NATURE	NAME OF CREDITORS	OUTSTANDING BALANCE
<u>N/A</u>		

TOTAL LIABILITIES:

NETWORTH : Total Assets Less Total Liabilities =

P 27,000.00

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

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
LEX NOEL L. MODINA	FATHER	ELECTRICIAN	WESTERN LBYTE PROVINCIAL HOSPITAL

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: JULY 10, 2014


(Signature of Declarant)

(Signature of Co-Declarant/Spouse)

Government Issued ID: Driver's License

ID No.: H12-11-000321

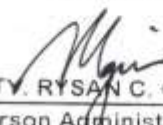
Date Issued: Dec 17, 2013

Government Issued ID:

ID No.:

Date Issued:

SUBSCRIBED AND SWORN to before me this 10th day of July 2014, affiant exhibiting to me the above-stated government issued identification card.


ATTY. RYSAN C. GUINOCOR
(Person Administering Oath)