## ·SWORN STATEMENT OF ASSETS, LIABILITIES AND NET WORTH

As of <u>December 31, 2021</u>

(Required by R.A. 6713)

DECLARATE RAMOS DONNA CHRISTENE Q. POSITION: MISTRUCTORI AGENCY-OFFICE: DEFT. OF BIOTECH, VSU  TOTAL LABBLITIES  DECLARATE Q. CHRISTENE Q. POSITION: MAGNICY-OFFICE: DEFT. OF BIOTECH, VSU  MECA BANEAY CITY LEYTE  SPOUSE: NIA POSITION: MIA AGENCY-OFFICE: MIA	Note: H	usband and wife wi	ıo are both public o	fficials and employ	yees may file	the required s	tatements	s jointly	or separately.
ADDRESS 1313 ZONE 1 BRGY, GUADALUPE BAYBAY CITY, LEYTE BAYBAY CITY, LEYTE  SPOUSE: NIA  (Family Name) (First Name) (M.1)  RAME  POSITION: NIA  AGRECT/OFFICE: NIA OFFICE ADDRESS: NIA  UNMARRIED CHILDREN BELOW EIGHTEEN [18] YEARS OF AGE LIVING IN DECLARANT'S HOUSEHOLD  NAME  DATE OF BIRTH  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  NAME  POSITION: NIA NIA NIA NIA NIA NIA NIA  ASSETS LIABILITIES AND NETWORTH  (Including those of the spouse and unmarried children below eighteen [18] years of age living in declarant's household]  NAME  DESCRIPTION  NAME  DESCRIPTION  NAME  POSITION: NIA		Joint Filing		Separate Filing	7 J	/ Not Ap	plicable		
ADDRESS 1313 ZONE 1 BRGY, GUADALUPE BAYBAY CITY, LEYTE  SPOUSE: NIA	DECLARANT:	RAMOS D	ONNA CHRIST		POSITION:	<b>:</b>	INST	RUCTOR I	
NIA		(Family Name)	(First Name)	(M. I.)	-	AGENCY/C	OFFICE:	DEP.	T. OF BIOTECH, VSU
SPOUSE:    NA						office ai	DRESS:		
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Chemity Name   Crient Name   Coffice ADDRESS:   NA		BAYBAY CITY	/, LEYTE	<del></del>	-				
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Clothes, accessories   2021   5,000.00	electronic gadge	ets				2021			70,000.00
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2. LIABILITIES*  NATURE  NAME OF CREDITORS  BALANCE  N/A  TOTAL LIABILITIES:							Subtot	 al: P	90,000.00
NATURE  NAME OF CREDITORS  BALANCE  N/A  TOTAL LIABILITIES:						TOTAL AS	SETS (a	ւ <b>+ b)</b> ։	90,000.00
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\*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 Household)
			STATE OFFEDDI		

$\sqcup I_{\lambda}$	/ We do	not	have	any	business	interest	or	financial	connection.
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NAME OF ENTITY/BUSINESS ENTERPRISE	BUSINESS ADDRESS	NATURE OF BUSINESS INTEREST &/OR FINANCIAL CONNECTION	DATE OF ACQUISITION OF INTEREST OR CONNECTION
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AW ison	AOSNCV/OF	(4 Ms (smill)	Camics Name)

## 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 relavtive/s in the government service.

NAME OF RELATIVE	RELATIONSHIP	POSITION	NAME OF AGENCY/OFFICE AND ADDRESS
DANY S. RAMOS	father	Agriculturist II	PCA, Baybay City, Leyte
MA. NENA Q. RAMOS	mother	Assistant Professor	DMP, VSU, Baybay City, Leyte
CHRISTY DIANNE Q. RAMOS	sister	Instructor I	Tarlac Agricultural University, Tarlac
	ALUE	VABUB	NOLVION PROCVESOR

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.

15,000.00	2021		
Date: 04	APRIL 2022		
DONNA CH	RISTENE Q. RAMOS		
(Signa	ture of Declarant)	(Signature of Co-Declarant/Spouse)	2. LIABILITIES*
Government Issue	ed ID DRIVER'S LICENSE	Government Issued ID:	
ID No.:	H12-16-000621	ID No.:	A/K
Date Issued:	6/5/2018	Date Issued:	_
	BED AND SWORN to before me thi vernment issued identification car	d. ATTY, MYSAIC, GUIMOCOR	g to me the
		(Person Administering Oath)	