

SWORN STATEMENT OF ASSETS, LIABILITIES AND NET WORTH

As of August 1, 2024

(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: TENIO KIT FELIAN CADANO
(Family Name) (First Name) (M. I.)

POSITION: Instructor 1

AGENCY/OFFICE: ITEEM, VSU

OFFICE ADDRESS: Visca, Baybay City, Leyte

ADDRESS BRGY. GAKAT, LIBAGON, SOUTHERN LEYTE

SPOUSE: _____
(Family Name) (First Name) (M. I.)

POSITION: _____

AGENCY/OFFICE: _____

OFFICE ADDRESS: _____

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

NAME	DATE OF BIRTH	AGE
_____	_____	_____
_____	_____	_____
_____	_____	_____

ASSETS, LIABILITIES AND NETWORKTH

(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 townhouse)	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	
None							

Subtotal: P _____

b. Personal Properties*

DESCRIPTION	YEAR ACQUIRED	ACQUISITION COST/AMOUNT
Mobile Phone (iPhone 11)	2022	P 32,000.00
Huawei Matebook D14	2021	P 43,000.00

Subtotal: P 75,000.00

TOTAL ASSETS (a + b): 75,000.00

2. LIABILITIES*

NATURE	NAME OF CREDITORS	OUTSTANDING BALANCE
None		

TOTAL LIABILITIES: _____

NETWORTH : Total Assets Less Total Liabilities = P 75,000.00

*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)

☐ 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
None			

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
Alicia C. Tenio	Mother	Rural Health Midwife	Rural Health Unit of Libagon Municipality
Alfe Joy T. Aya-ay	Sister	Midwife	Rural Health Unit of Liloan Municipality

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 : 9/10/24

(Signature of Declarant)

(Signature of Co-Declarant/Spouse)

Government Issued National ID
ID No. : 6046-9358-9615-0327
Date Issued: 09-Oct-22

Government Issued _____
ID No. : _____
Date Issued: _____

SUBSCRIBED AND SWORN to before me this 11 SEP 2024 day of _____ 2024, affiant exhibiting to me the above-stated government issued identification card.

ATTY. RYSAN C. GUINOCOR
Rural Health Office
(Person Administering Oath)