Revised as of January 2015 Per CSC Resolution No. 1500088 Promulgated on January 23, 2015

SWORN STATEMENT OF ASSETS, LIABILITIES AND NET WORTH

As of December 31, 2018

(Required by R.A. 6713)

Note: H	usband and wife wh	o are both public o	officials and emplo	yees may file t	the required	l statements	jointly or se	eparately.
	Joint Filing		Separate Filing	\square	Not App	licable		
DECLARANT:	AGUINALDO	JULIE BEE	M.		POSITION:		SUBSTITUT	E INSTRUCTOR
	(Family Name)	(First Name)	(M. I.)	-	AGENCY/C	-	VSU-DBM	
					OFFICE AL	DDRESS:	VISCA, BAY	BAY CITY, LEYTE
ADDRESS	283 BUNGA,	BAYBAY CITY	, LEYTE	-		_		
SPOUSE:	AGUINALDO	NEIL JOH	N D.	-		-		
SPOUSE.	(Family Name)	(First Name)	(M. I.)	-	POSITION:	_	STATION M. NINJA VAN	
					OFFICE AL	_	BAYBAY CIT	
						_		.,,==::=
UNMAR	RIED CHILDREN	BELOW EIGHT	EEN (18) YEAR	S OF AGE L	IVING IN	DECLARA	NT'S HOU	SEHOLD
		NAME			DATI	OF BIRTH	ł	AGE
	JOHN ANDREI M. AGUINALDO				SEPTEMBER 05, 2008			10
	ANYA MAXIME M. AGUINALDO				MAR	CH 31, 2013)	6
				-				-
ASSETS a. Real Prope		se of the spouse	s, LIABILITIES and unmarried o ing in declarant's	children belou		(18) years	of	
DESCRIPTION	KIND	EXACT LOCATION	ASSESSED VALUE	CURRENT FAIR MARKET	ACQUISITION			OTHERWICH COCK
(e.g. lot, house and lot condominium and improvements)	(e.g. residential, commercial, industrial,		(As found in the Tax Real Prop		YEAR	MODE		QUISITION COST
HOUSE & LOT	RESIDENTIAL	ZONE 23, POBLACION,			2013	CASH PUR	21 120	1,200,000.00
		BAYBAY CITY, LEYTE				CASH FUE	~ PS.B	
						Subtotal:	Р	1,200,000.00
b. Personal P	roperties*							Н.
	DESCRIP	TION		YI	EAR ACQU	IRED	ACC	QUISITION COST/ AMOUNT
LAPTOP					2015			14,000.00
FURNITURE & APPLIANCES				2013				35,000.00
CELLPHONE				2016				15,000.00
MANULIFE INSURANCE PLAN				2016				77,500.00
						Subtotal:	Р	141,500.00
_					TOTAL A	SSETS (a	+ b):	1,341,500.00
2. LIABILITIES*								
	NATUR	NE ST		NAM	E OF CRE	DITORS		DUTSTANDING
			Harris Ha					BALANCE
						IABILITIE		-
			NETWORTH: 7	Total Assets	Less Tota	al Liabilitie	es =	1,341,500.00
*Additional sheet/s may b	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)

NAME OF ENTITY/BUSINESS ENTERPRISE	BUSINESS ADDRESS	NATURE OF BUSINESS INTEREST &/OR FINANCIAL CONNECTION	DATE OF ACQUISITION OF INTEREST OR CONNECTION
N/A			
		=	

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
N/A			

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: APRI	L 30, 2019			
Signati	are of Declarant)	-	(Signature	e of Co-Declarant/Spouse)
Government Issue ID No. : Date Issued:	ed ID: DR H12-17-0018 Jul-17	RIVER'S LICENSE	Government Issu ID No.: Date Issued:	ned ID:
SUBSCRIE above-stated gov	ED AND SWORM	N to before me this identification care	d.	2019 affiant exhibiting to me the
			(1	erson Administering Oath)