

SWORN STATEMENT OF ASSETS, LIABILITIES AND NET WORTH

As of December 2022

(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: BACOD CHRISTIAN N.
(Family Name) (First Name) (M. I.)

POSITION: INSTRUCTOR

AGENCY/OFFICE: VISAYAS STATE UNIVERSITY

OFFICE ADDRESS: BAYBAY CITY, LEYTE

ADDRESS BRGY. SAN JUAN, HILONGOS, LEYTE

SPOUSE: N/A
(Family Name) (First Name) (M. I.)

POSITION: N/A

AGENCY/OFFICE: N/A

OFFICE ADDRESS: N/A

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

NAME	DATE OF BIRTH	AGE
N/A	N/A	N/A
N/A	N/A	N/A
N/A	N/A	N/A

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)	EXACT LOCATION	ASSESSED VALUE	CURRENT FAIR MARKET VALUE	ACQUISITION		ACQUISITION COST
			(As found in the Tax Declaration of Real Property)		YEAR	MODE	
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Subtotal: P 0

b. Personal Properties*

DESCRIPTION	YEAR ACQUIRED	ACQUISITION COST/ AMOUNT
Bank Savings (BDO)	2020	15,000.00
BDO Life Insurance	2020	25,000.00
HP Netbook	2021	20,000.00
Iphone 11	2022	35,000.00

Subtotal: P 95,000

TOTAL ASSETS (a + b): 95,000

2. LIABILITIES*

NATURE	NAME OF CREDITORS	OUTSTANDING BALANCE
Parents' House Bills	LEYECO IV	5,000.00
Apartment Bills		5,000.00

TOTAL LIABILITIES: 10,000.00

NETWORTH : Total Assets Less Total Liabilities = 85,000

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
N/A	N/A	N/A	N/A

RELATIVES IN THE GOVERNMENT SERVICE

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

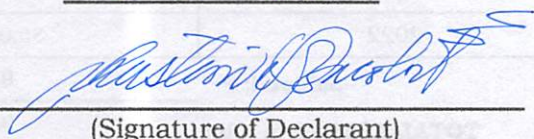
☐ I/ We do not know of any relative/s in the government service.

NAME OF RELATIVE	RELATIONSHIP	POSITION	NAME OF AGENCY/OFFICE AND ADDRESS
JAYNEL N. BACLOD	SISTER	TEACHER III	DEPARTMENT OF EDUCATION
N/A	N/A	N/A	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 : 2-31-2023


(Signature of Declarant)

(Signature of Co-Declarant/Spouse)

Government Issued PhilHealth
ID No. : 13-025269499-5
Date Issued: 10-30-2014

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

SUBSCRIBED AND SWORN to before me this 17 APR 2023 day of _____ 2013, affiant exhibiting to me the above-stated government issued identification card.

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(Person Administering Oath)