SWORN STATEMENT OF ASSETS, LIABILITIES AND NET WORTH

As of December 31, 2020

(Required by R.A. 6713)

POUSE: CHARLY Name) (Family Name)	Note:	Husband and wife i	vho are both pub	lic officials and emp	oloyees may file	e the require	d statements j	ointly or separately.
Clamby Name Color	lacksquare	Joint Filing		Separate Filing		Not Appli	cable	
Carrier Print Name Carrier C	ECLARANT: GODDY DENNIS G.		POSITION:		LAN	BORATORY TECHNICIAN		
POUSE: COOY ACAM MAE C. (Family Name) (File Name) (M. I.) UNMARRIED CHILDREN BELOW EIGHTEEN (18) YEARS OF AGE LIVING IN DECLARANT'S HOUSEHOLD NAME CHAIS 21LDIAN ANTHONY C. COOY ASSETS, LIABILITIES AND NETWORTH (Including those of the spouse and unmarried children below eighteen (18) years of age living in declarant's household) ASSETS a. Real Properties* DESCRIPTION KIND LOCATION L		(Family Name)	(First Name)	(M, I.)				
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	CALAMITY	LOAN	M			PAG-1016		10,000.00
		NEW PRINCE	Presonesi.					

NETWORTH: Total Assets Less Total Liabilities = Page 1 of ___

487,400.00

BUSINESS INTERESTS AND FINANCIAL CONNECTIONS

(of Declarant/ Declarant's spouse/ Unmarried Children Below Eighteen(18) years of Age Living in Declarant Household)

 $\ensuremath{\square}$ 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
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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 relautive/s in the government service.

NAME OF RELATIVE	RELATIONSHIP	POSITION	NAME OF AGENCY/OFFICE AND ADDRESS	
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IMELDA G. PILAPIL	CUYCK	COUSIN	DPWH PAYENY ary, LEYTE	
DARYL G. LONETT	TEACHER	COUSIN	DEP- EO. BAYBAY GITY, LEME	

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: APRIL 15, 2	2021		
B	Processor	Table 19	agrilo
(Signature of	Declarant)	(Signature of Co-	Declarant/Spouse)
Government Issued ID: ID No.: Date Issued:	BIR 932-302-517 MARICH 16, 2004	Government Issued ID: ID No. : Date Issued:	BIR 292-897-686-000 MARUT 10, 2019
	SWORN to before me this It issued identification card.	5 APR 2021 ,,	affiant exhibiting to me the
		RYSA (Person	N G. GUINOCOR Administering Oath)