SWORN STATEMENT OF ASSETS, LIABILITIES AND NET WORTH

As of **December 31, 2021**

(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	x	Not Applicab	le	
DECLARANT:	GOLIAT R	AYMOND JES	SS G.		POSITION:	INST	TRUCTOR I
	(Family Name)	(First Name)	(M. I.)	•	AGENCY/OFFIC	-	AYAS STATE UNIVERSITY
					OFFICE ADDRE		CA, BAYBAY CITY
ADDRESS	115 A. MABINI	ST., BRGY. JUG	ABAN,			LEY1	
	CARIGARA, LE		,	•			
SPOUSE:	N/A				POSITION:		N/A
	From the second			AGENCY/OFFICE:		N/A	
					OFFICE ADDRE	SS:	N/A
UNMAR	RIED CHILDREN		FEEN (18) YEAR:	S OF AGE LI			
		NAME		DATE OF BIRTH			AGE
		N/A		-	N/A		N/A
		N/A		•	N/A		N/A
		N/A		-	N/A		N/A
		ASSET	S, LIABILITIES	AND NETWO	RTH		
	(Including tho	se of the spouse	and unmarried ch	ildren below		jears of	
		age lii	ring in declarant's	household)			
1. ASSETS							
a. Real Prop	ortios*						
a. Real Flop	erties						
		EXACT	ASSESSED	CURRENT FAIR			
DESCRIPTION	KIND	LOCATION	VALUE	MARKET	ACQUISI'	rion	ACQUISITION COST
(e.g. lot, house and lot	(e.g.residential,		(As found in the Tax		YEAR	MODE	110 (010111011 0001
condominium and improvements)	commercial, industrial,		Real Prope	rty)	IEAR	MODE	
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
							IV/A
					Sul	ototal: P	
b. Personal l	Properties*						
							ACQUISITION COST/
DESCRIPTION				YEAR ACQUIRED			AMOUNT
SAMSUNG J7 PR	O				2017		17,000.00
SAMSUNG SMAR	RT TV 32"			2018		14,000.00	
BOOKS			2015-PRESENT		5,000.00		
N/A							
							1
L					Sui	ototal: P	36,000.00
				1	TOTAL ASSET		36,000.00
2. LIABILITIES	*					` ,	
	NATI	JRE		NAM	E OF CREDITO	RS	OUTSTANDING
N / A							BALANCE
N/A					N/A		
							1
				<u>I</u>	TOTAL LIAB	LITIES:	-
			NETWORTH : To	otal Assets I			36,000.00
			Page 1 of				

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
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
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 relavtive/s in the government service.

NAME OF RELATIVE	RELATIONSHIP	POSITION	NAME OF AGENCY/OFFICE AND ADDRESS
EMMA G. ALKUINO	AUNT	TEACHER	DEP ED - BAYBAY
DAZZILYN G. PALERMO-MONTES	1ST COUSIN	TEACHER	DEP ED - BAYBAY
JONALYN G. SAULAN	1ST COUSIN	INFORMATION OFFICER	ATI - REGION 8
ISAAC B. GRABADOR	1ST COUSIN	CHAIRMAN	BRGY BAGONG LIUNAN, CARIGARA
LOURDES B. GRABADOR	1ST COUSIN	AGRICULTURIST	PCA - REGION 8
RAMEL B. GRABADOR	1ST COUSIN	TEACHER	DEP ED - CARIGARA

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.

OF T

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		N	I/A
(Signature o	of Declarant)	(Signature of Co-	Declarant/Spouse)
Government Issued ID: ID No. : Date Issued:	PASSPORT P6820265A 17-Apr-18	Government Issued ID: ID No. : Date Issued:	
	ND SWORN to before me this _sued identification card.	day of 2020	affiant exhibiting to me the above-
		(Person A	Administering Oath)