

SWORN STATEMENT OF ASSETS, LIABILITIES AND NET WORTH

As of June 1, 2018
(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 Applic	able		
DECLARANT:	ANDAN	CHARLIE	E S.		POSITION:		INSTRUCT	COR-1
DECLARANT:	(Family Name)	(First Name	e) (M. I.)	-			National Control of the Control	STATE UNIVERSITY
								METEOROLOGY,
ADDRESS	Prk Narra Broy	Tahugon Kal	abankalan City		OFFICE AD			BAY CITY, LEYTE
ADDRESS	Negros Occider		abankalan oliy	-			¥00, BAT	041 0111, 66116
	1109/00 000/00	1101, 0111		-				
SPOUSE:	(Family Name)	(First Name	e) (M. I.)	-	POSITION:			
(First Name) (First Name) (M. I.)								
					OFFICE AD	DKESS:		
UNMAR	RIED CHILDREN	BELOW EIGH	HTEEN (18) YEAR	RS OF A	GE LIVING	IN DE	CLARANT	"S HOUSEHOLD
		NAME			DATE C			AGE
	NONE				N.A.			N.A
				_				
						and the same of th		
	(T - I - I' 4)	-	TS, LIABILITIES			. (10)	og wo	
	(Including those		ind unmarried chil ng in declarant's h			n (10) y	eurs	
1. ASSETS		-55-	•					
a. Real Prope	erties*							
				CURR			$\neg$	
				FAIR				
DESCRIPTION	KIND	EXACT LOCATION	ASSESSED VALUE	MARK	ACQUISITION			
		LOCATION	VALUE	VALU				ACQUISITION COST
				E				
(e.g. lot, house and lot condominium and	(e.g.residential, commercial, industrial, agricultural and mixed use)		(As found in the Tax Decla Real Property)	ration of	YEAR	MOD	E	
None	mixed use)			Т				
				-			_	
						Subtotal	: P	
b. Personal P	Properties*							
				_				
DESCRIPTION				,	YEAR ACQUIRED			ACQUISITION COST/
DELL Laptop					Nov 2017			50,000.00
Cellphone (old)				_	Jan 2016			43,176.00
Compliant (and				-				
				-				
				-				
				-				
						Subtota	al: P	93,176.00
				Т	OTAL ASS	ETS (a	+ b):	93,176.00
2. LIABILITIES	*							
NATURE				NA	NAME OF CREDITORS			UTSTANDING BALANCE
None								
					TOTAL L	ABILIT	IES:	-
		NET	WORTH : Total A	ssets L	ess Total L	iabiliti	es =	93,176.00

<sup>\*</sup>Additional sheet/s may be used, if necessary.

 $\square$  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
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 relavtive/s in the government service.

NAME OF RELATIVE	RELATIONSHIP	POSITION	NAME OF AGENCY/OFFICE AND ADDRESS
None			
	1		

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.

	/08/2018 ng	
(Signati	ure of Declarant)	(Signature of Co-Declarant/Spouse)
Government Iss	ued ID: Agency ID	Government Issued ID:
ID No.:	V00929	ID No. :
Date Issued:	09/12/2016	Date Issued:
	BED AND SWORN to before d government issued ide	MI