SWORN STATEMENT OF ASSETS, LIABILITIES AND NET WORTH

(Required by R.A. 6713)

Note:		who are both public	Separate Filing	may jue in	Not Applicable	is joining of	dopus asoig.	
	☐ Joint Filing	Ц	Separate Furty		Not Applicable		- / - / 10	
DECLARANT:	REBUYAS	BRYAN	P		POSITION:		ER/CANUASSER	
	(Family Name)	(First Name)	(M. I.)		AGENCY/OFFICE:	_	S STATE	
					OFFICE ADDRESS:		, MAYBA	y city,
ADDRESS	BRGY. JAN	U WIDRO, BAY	YPAY CITY,			LEY"	rè	
nDD REGO	LEYTE							
					DOCUTION.			
SPOUSE:	(Family Name)	(First Name)	(M. I.)		POSITION: AGENCY/OFFICE:		-	
	(rainty reality)	(11101111111)	4-4		OFFICE ADDRESS:	•		
					OFFICE ADDRESS.			
IINM	APPIED CHILDE	EN BELOW EIGH	TEEN (18) YEARS O	F AGE LI	VING IN DECLAR	ANT'S HO	USEHOLD	
UNM	ARRIED CHILDRI				DATE OF BIR			AGE
		NAME			22	· · · ·		
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			S, LIABILITIES AN					
	(Including the	ose of the spouse of	and unmarried childre	en below e	eighteen (18) years	of age		
		livi	ng in declarant's hou	sehold)				
1. ASSETS								
a. Real Pr	operties*	*	* * * * * * * * * * * * * * * * * * * *			A THE PROPERTY AND A STATE OF THE PARTY AND A		
				CURRENT		AND REPORTS A PROPERTY.	in an earth	
DESCRIPTION	ON KIND	EXACT LOCATION	ASSESSED VALUE	FAIR MARKET	ACQUISITIO	ON .	ACQUISITION	ON COST
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					Subto	otal: P		
b. Person	nal Properties*						- 4	
	Dipis	CRIPTION			YEAR ACQUIRED		ACQUISITION AMO	
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					Subt	total: P	199.0	*
					TOTAL ASSETS	_	(.7' 000	9
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2. LIABILIT	IIES.						OUTSTA	ANDING
	N	ATURE		NA	ME OF CREDITOR	S	BALA	AND THE STATE OF THE PERSON OF
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			7					
	DOODHUDD D	WARNE VES	4					
			1		TOTAL LIABII	LITIES:	,	
			NETWORTH : To	otal Asset	s Less Total Lial	oilities =	(7. Fa)	(b. 67

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. DATE OF NATURE OF BUSINESS acquisition of NAME OF ENTITY/BUSINESS INTEREST &/OR Business address INTEREST OR ENTERPRISE FINANCIAL CONNECTION 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 relautive/s in the government service. NAME OF AGENCY/OFFICE AND ganasyn(o)kisistes POSITION NAME OF RELATIVE ADDRESS 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 aboveenumerated 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. (Signature of Co-Declarant/Spouse) (Signature/of Declarant) Government Issued Government Issued ID No.: ID No. : Date Issued: Date Issued: SUBSCRIBED AND SWORN to before me this ____ day of affiant exhibiting to me the above-stated government issued identification card.

(Person Administering Oath)