SWORN STATEMENT OF ASSETS, LIABILITIES AND NET WORTH

As of June 17, 2020

Note: Hus	sband and wife who	are both mublic o	(Required by R		e remired sta	tamants io	intly or congrataly	
	Joint Filing		Separate Filing	ses may fae a	Not Applica		unity or separately.	
	o outo I tuning		Departure Tilling		110t Tippitot	ibic		
DECLARANT:	(Family Name)	JHONAVEL (First Name)	R. (M. I.)		POSITION:		ADMIN. AIDE III	
	(Family Name) (First Name) (M. I.)		(M. I.)		AGENCY/OFFICE:		SAYAS STATE UNIVERSITY	
	GUMAMELA ST., BRGY. MARCOS				OFFICE ADDR		RGY. PANGASUGAN,	
ADDRESS	BAYBAY CITY, LEYTE						SCA, BAYBAY CITY, LEYTE	
SPOUSE:	N/A				POSITION:	N	ONE	
	(Family Name) (First Name)		(M. I.)		AGENCY/OFFICE:		ONE	
				OFFICE ADDRESS: NO			ONE	
UNMARR	IED CHILDREN	BELOW EIGHT	EEN (18) YEARS	OF AGE LI	VING IN DE	CLARAN'	T'S HOUSEHOLD	
		NAME			DATE O		AGE	
	E			26, 2019	1			
		ASSETS	, LIABILITIES A	ND NETWO	RTH			
	(Including thes		and unmarried ch		The state of the s	l uears of	f	
a. Real Prope	a. Real Properties* DESCRIPTION KIND EXACT ASSESSED LOCATION VALUE			CURRENT FAIR MARKET	ACQUISITION			
[e.g. lot, house and lot condominium and	(e.g.residential,		(As found in the Tax)	VALUE Declaration of	YEAR	MODE	ACQUISITION COST	
improvemental NONE	agricultural and mixed		Real Prope	19)	IDAK	МОДЕ		
							-	
				L		Subtotal: F	, .	
b. Personal P	roperties*					oubtotal. 1		
DESCRIPTION				YEAR ACQUIRED			ACQUISITION COST/	
MOBILE CELLPHONE							AMOUNT	
CLOTHING AND ACCESSORIES				2015 2019			21,000.0 10,000.0	
	ICCEDECICES				2019		10,000.0	
					5	Subtotal: I	31,000.0	
					TOTAL ASSI			
2. LIABILITIES*							OUTSTANDING	
NATURE				NAM	E OF CREDIT	ORS	BALANCE	
NONE							-	
	· · · · · · · · · · · · · · · · · · ·	Y = 1	10.0	L	TOTAL LIA	BILITIES	S: -	
			NETWORTH : To	otal Assets	Less Total L	iabilities	31,000.0	

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^{*}Additional sheet/s may be used, if necessary.

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 NAME OF ENTITY/BUSINESS ACQUISITION OF **BUSINESS ADDRESS** INTEREST &/OR FINANCIAL ENTERPRISE INTEREST OR CONNECTION CONNECTION NONE RELATIVES IN THE GOVERNMENT SERVICE (Within the Fourth Degree of Consanguinity or Affinity. Include also Bilas, Balae and Inso) NAME OF AGENCY/OFFICE AND NAME OF RELATIVE RELATIONSHIP POSITION **ADDRESS** JUNDY R. CASTIL BROTHER INSTRUCTOR VISAYAS STATE UNIVERSITY NILO R. CASTIL FATHER **TEACHER** ANAHAWAN CENTRAL SCHOOL 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: (Signature of Declarant) (Signature of Co-Declarant/Spouse) Government Issued ID: SSS Government Issued ID: ID No. : CRN-0111-4863951-0 ID No. : Date Issued: 27-Oct-15 Date Issued:

SUBSCRIBED AND SWORN to before me this

stated government issued identification card.

1 8 day of 2020

2020 affiant exhibiting to me the above-

RYSAN C GUINOCOR (Person Administering Oath)