SWORN STATEMENT OF ASSETS, LIABILITIES AND NET WORTH

As of December 31, 2023 (Required by R.A. 6713)

Note: Husband and wife who are both public officials and employees may file the required statements jointly or separately. \square Joint Filing \square Separate Filing \square Not Applicable

DECLARANT:	VILLOCINO	MARY ANGELICA	A	POSITION:	INSTRUCTOR
0	(Family Name)	(First Name)	(M.I.)	AGENCY/OFFICE:	DEPARTMENT OF PHYSICS
ADDRESS:	APT. 18, VSU,	VISCA, BAYBAY CITY,		OFFICE ADDRESS:	VSU, VISCA, BAYBAY CITY, LEYTE
	LEYTE				CITY, LEYTE
SPOUSE:	N/A			POSITION:	N/A
3:	(Family Name)	(First Name)	(M.I.)	AGENCY/OFFICE:	N/A
				OFFICE ADDRESS:	N/A

NAME	DATE OF BIRTH	AGE
N/A	N/A	N/A

ASSETS, LIABILITIES AND NETWORTH

(Including those of the spouse and unmarried children below eighteen (18) years of age living in declarant's household)

1. ASSETS

a. Real Properties*

DESCRIPTION (e.g. lot, house and	KIND (e.g. residential,	EXACT LOCATION	ASSESSED VALUE	CURRENT FAIR MARKET VALUE	ACQUISITION		ACQUISITION	
lot, condominium and improvements)	commercial, industrial, agricultural and mixed use)			he Tax Declaration of al Property)	YEAR	MODE		
N/A	A\N cs. limbulaties.	N/A	N/A	N/A	N/A	N/A	N/A	
N/A	N/A	n he resolved with the second	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	
HOUSE STREET	Internal Reve	iding the Bureaused	noies, met	igs ministrato	a otain	Lapprop	B MOTE PROPER	
N/A	N/A	bustia A\N teresis a	N/A	N/A	N/A	N/A	loc A\N ts the	
	ermment.		veat I first	off statement of a	SOV PILE		vos bloriesuor	

b. Personal Properties* A U

0000	THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE	
l - 2023	20,000	
9-2022	65,000	
D SWORN to helpin	6,000	
PT80 UODAJIII GB	5,000	
-present	180,000	
_	4 9-present	

Subtotal: 276,000

TOTAL ASSETS (a+b): 276,000.00

2. LIABILITIES*

Date:

April Un 2824

NATURE	NAME OF CREDITORS	OUTSTANDING BALANCE
N/A	N/A	N/A

TOTAL LIABILITIES: 0

NET WORTH: Total Assets less Total Liabilities = 276,000.00

BUSINESS INTERESTS AND FINANCIAL CONNECTIONS

(of Declarant / Declarant's spouse/ Unmarried Children Below Eighteen (18) years of Age Living in Declarant's 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	MTSH N/A TAU	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 relative/s in the government service)

NAME OF RELATIVE	RELATIONSHIP	POSITION	NAME OF AGENCY/OFFICE AND ADDRESS
ALELI A. VILLOCINO	MOTHER	FACULTY	VISAYAS STATE UNIVERSITY/BAYBAY CITY, LEYTE
SANTOS B. VILLOCINO, JR.	FATHER	FACULTY	VISAYAS STATE UNIVERSITY/ BAYBAY CITY, LEYTE
VIVIAN V. BALBARINO	AUNT	STAFF	VISAYAS STATE UNIVERSITY/ BAYBAY CITY, LEYTE

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 my relatives in the government within the 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.

0.0000-0.0000-0.001	Soul.	N/A /OT	h Demond Poner	
(Signature of Berlarant)		(Signature of Co-Déclarant/Spouse)		
Government Issued ID: ID No.: Date Issued:	PRC 1D 1690508	Government Issued ID: ID No.: Date Issued:	A 86.	
SUBSCRIBED AND S	SWORN to before me this 0 rification card.	5 App of 2024 , affiant exhibiting	to me the above-stated	
		VSLY Chief Legal Officer	2. miningin	

(Person Administering Oath)

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