54,000.00

TOTAL ASSETS (a + b):

SWORN STATEMENT OF ASSETS, LIABILITIES AND NET WORTH

Note: Husband and wife who are both public officials and employees may file the required statements jointly or separately.

As of December 31, 2023

(Required by R.A. 6713)

Separate Filing Not Applicable ☐ Joint Filing **GUADA FE** ADMIN AIDE VI **AMIHAN** POSITION: DECLARANT: (Family Name) (First Name) (M. I.) AGENCY/OFFICE: **COLLEGE OF NURSING** OFFICE ADDRESS: VSU, Visca, Baybay City **ZONE 4, GUADALUPE (UTOD),** Leyte ADDRESS BAYBAY CITY, LEYETE N/A SPOUSE: POSITION: N/A (Family Name) (First Name) (M. I.) AGENCY/OFFICE: N/A OFFICE ADDRESS: N/A UNMARRIED CHILDREN BELOW EIGHTEEN (18) YEARS OF AGE LIVING IN DECLARANT'S HOUSEHOLD AGE NAME DATE OF BIRTH **DECEMBER 27, 2016 GHABRIEL AUDIE AMIHAN** ASSETS, LIABILITIES AND NETWORTH (Including those of the spouse and unmarried children below eighteen (18) years of age living in declarant's household) ASSETS a. Real Properties* CURRENT EXACT ASSESSED FAIR ACQUISITION DESCRIPTION KIND LOCATION VALUE MARKET **ACQUISITION COST** VALUE (e.g.residential, amercial, industrial (As found in the Tax Declaration Real Property) (e.g. lot, house and lot YEAR MODE condominium and iltural and mixe N/A Subtotal: P b. Personal Properties* ACQUISITION COST/ DESCRIPTION YEAR ACQUIRED AMOUNT 40,000.00 HP i3 LAPTOP 2019 CLOTHES 2022- PRESENT 5,000.00 CELLPHONE 2023 9,000.00 54,000.00 Subtotal: P

2. LIABILITIES*

| 2. DIADIDITIES | | |
|--------------------------|--|------------------------|
| NATURE | NAME OF CREDITORS | OUTSTANDING BALANCE |
| Special Loan | VSU Credit Cooperative | 21,962.51 |
| Multi-Purpose Loan (MPL) | PAG- IBIG | 10,000.00 |
| | TOTAL LIABILITIES: | 31,962.51 |
| | NETWORTH : Total Assets Less Total Liabilities = | 22,037.49 |

^{*}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)

 \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 | none | none | 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 | none | none | none |

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.

100 I / 2021

| Date: | 1 D Way | | | | |
|--------------------------|-----------------------------|-------------------|------------------------------------|--------|--|
| \ | Manus and | | N/A | | |
| (Signature of Declarant) | | (Signature of C | (Signature of Co-Declarant/Spouse) | | |
| | | | | | |
| Government Issued | TIN | Government Issued | NA | | |
| ID No.: | 249-907-227-000 | ID No.: | NA | | |
| Date Issued: | 5/26/08 | Date Issued: | NA | | |
| | | 0 5 APR 2024 | | | |
| SUBSCRIBED | AND SWORN to before n | ne this day of 2 | 024, affiant exhibiting to | me the | |
| above-stated gover: | nment issued identification | on card. | Mg. | | |
| | | ATTÝ, RY | HE GUINOCOR Niel Legal Officer | | |
| | | | n Administering Oath) | • | |