

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.

☐ Joint Filing ☒ Separate Filing ☐ Not Applicable

DECLARANT: GAPASIN CIEDELLE HONEY LOU D.
(Family Name) (First Name) (M. I.)

POSITION: INSTRUCTOR

AGENCY/OFFICE: VISAYAS STATE UNIVERSITY

OFFICE ADDRESS: BRGY.PANGASUGAN
BAYBAY CITY, LEYTE

ADDRESS No. 74 BACHELOR'S PAD, KILBOURNE ST.
VISAYAS STATE UNIVERSITY, BAYBAY CITY, LEYTE

SPOUSE: GAPASIN BRYAN R.
(Family Name) (First Name) (M. I.)

POSITION: INSTRUCTOR

AGENCY/OFFICE: VISAYAS STATE UNIVERSITY

OFFICE ADDRESS: BRGY.PANGASUGAN
BAYBAY CITY, LEYTE

UNMARRIED CHILDREN BELOW EIGHTEEN (18) YEARS OF AGE LIVING IN DECLARANT'S HOUSEHOLD

NAME	DATE OF BIRTH	AGE
NA	NA	NA

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 <small>(e.g. lot, house and lot condominium and improvements)</small>	KIND <small>(e.g.residential, commercial, industrial, agricultural and mixed)</small>	EXACT LOCATION	ASSESSED VALUE	CURRENT FAIR MARKET VALUE	ACQUISITION		ACQUISITION COST
			<small>(As found in the Tax Declaration of Real Property)</small>		YEAR	MODE	
NA	NA	NA	NA	NA	NA	NA	NA

Subtotal: P

b. Personal Properties*

DESCRIPTION	YEAR ACQUIRED	ACQUISITION COST/ AMOUNT
LAPTOP	2019	20,000.00
CELLPHONE	2020	15,000.00
LCD PROJECTOR	2016	25,000.00

Subtotal: P 60,000.00

TOTAL ASSETS (a + b): 60,000.00

2. LIABILITIES*

NATURE	NAME OF CREDITORS	OUTSTANDING BALANCE
CONSOL LOAN	GSIS	75,000.00

TOTAL LIABILITIES: 75,000.00

NETWORTH : Total Assets Less Total Liabilities = (15,000.00)

*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.

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 relative/s in the government service.

NAME OF RELATIVE	RELATIONSHIP	POSITION	NAME OF AGENCY/OFFICE AND ADDRESS
NA	NA	NA	NA

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 : 9/12/2024



(Signature of Declarant)


(Signature of Co-Declarant/Spouse)

Government Issued PRC ID
ID No. : 460500
Date Issued: 12/11/2007

Government Issued DRIVER'S LICENSE
ID No. : H03-02-038994
Date Issued: 3/24/2024

SUBSCRIBED AND SWORN to before me this 15 day of APR 2024, affiant exhibiting to me the above-stated government issued identification card.


ATTY. RYAN C. GUYOCOR
(Person Administering Oath)