Revised as of January 2015 Per CSC Resolution No. 1500088 Promulgated on January 23, 2015

SWORN STATEMENT OF ASSETS, LIABILITIES AND NET WORTH

As of December 31, 2018

(Required by R.A. 6713)

	GAYANILO	MA. FE	L.	POSITION:	Admin, Aide IV
DECLARANT:	(Family Name)	(First Name)	(M. I.)	AGENCY/OFFICE:	ODAHRD-VSU
				OFFICE ADDRESS:	Visca, Baybay City, Leyte
ADDRESS	Kanlaon Grad	luate Dorm, V	isca,		
	Baybay City, I				
SPOUSE:	GAYANILO	JOEY	G.	POSITION:	Inventory Coordinator
SPOUSE:	(Family Name)	(First Name)	(M. I.)	AGENCY/OFFICE:	SACO
				OFFICE ADDRESS:	Riyadh, Saude Arabia
	NONE	NAME	gamilt burill	DATE OF BIR'	MICH <u>ILL HIS</u>
	24110/2 27 117		Second foliage	704(3243)	HEALT TO THE THE STATE OF THE S
			S, LIABILITIES AND N	ETWORTH	DEMOLAL TRACTS
		ASSETS	o, LIADILITIES AND I		
7 2 22	(Including those	of the spouse ar		below eighteen (18) years	of age

	101	

DESCRIPTION (e.g. lot, house and lot condominium and improvements)	(e.g. residential, commercial, industrial, agricultural and mixed		CURRENT FAIR MARKET VALUE	ACQUISITION		ACQUISITION COST	
				YEAR	MODE		
	5-91 x 10x 11 x 10 x 10 x 10 x 10 x 10 x 10	o many to Miller to	from 1970	an refluis			Talming to Read
							1 108

N.A. Subtotal: P

b. Personal Properties*

DESCRIPTION	YEAR ACQUIRED	ACQUISITION COST/ AMOUNT
TV	2013	13,600.00
Kitchen wares/furnitures/aircon	2016	14,000.00
Refrigerator	2018	7,000.00
jewelries	2015	28,000.00
Tricycle	2016	91,000.00
Cell Phone, Iphone, Tablet	2016	39,000.00

192,600.00 Subtotal: P 192,600.00

TOTAL ASSETS (a + b):

2. LIABILITIES*

NATURE	NAME OF CREDITORS	OUTSTANDING BALANCE 215,002.16 85,976.00	
LOAN (Regular, SP & Other	VISCCO		
HELP	GSIS		

TOTAL LIABILITIES: 300,978.16

BUSIN INTERESTS AND FINANCIAL CON CTIONS

(of Declarant/ Declarant's spouse/ Unmarried Children Below Eighteen(18) years of Age Living in Declarant Household)

NAME OF ENTITY/BUSINESS ENTERPRISE	BUSINESS ADDRESS	NATURE OF BUSINESS INTEREST &/OR FINANCIAL CONNECTION	DATE OF ACQUISITION OF INTEREST OR CONNECTION
NONE	ording		9.07 10.7
File of a specific section is 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
LEAH L. MOCON	Sister	Head Nurse	Valeriano Gatuslao, Memorial Hospital
RENATO L. LIMSIACO, JR.	Brother	Senior Manager	PhilHealth, National
MELANY L. CALAMBA	Sister	Nurse	CHO, Himamaylan City, Neg. Occ.

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:	March-19			
MA	A. FE/L) GAYANILO			
(Signature of Declarant)		(Signature of Co-Declarant/Spouse)		
Government Is	sued ID VSU ID	Government Issued ID:		
ID No.:	VOO626	ID No.:		
Date Issued:	31.5%	Date Issued:		
SUBSCE above-stated	RIBED AND SWORN to before me this government issued identification card.	RYSAN C/GUINOCOR		
	Pag	je 2 of 2 (Person Administering Oath)		