# SWORN STATEMENT OF ASSETS, LIABILITIES AND NET WORTH

As of December 31, 2019 (Required by R.A. 6713)

ECLARANT:			R.	POSITION:	ASSOCIATE PROFESSOR VISAYAS STATE UNIVERSITY	
			(M.I.)	AGENCY/OFFICE:		
DDRESS:	DUPLEX B-2, VSU CAMPUS, VISCA,			OFFICE ADDRESS:	VISCA, BAYBAY CITY, LEYTE	
	BAYBAY CITY, LEY	re	***************************************		An iron the family of present and an iron	
POUSE:	LINA	VIVIAN	P.	POSITION:	None	
5 <del>-</del>	(Family Name)	(First Name)	(M.I.)	AGENCY/OFFICE:	N/A	
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UNMARRI	ED CHILDREN BI	ELOW EIGHTEEN	TAX	OFFICE ADDRESS:	N/A  DECLARANT'S HOUSEHO	
UNMARRI	ED CHILDREN BI	ELOW EIGHTEEN	TAX	OFFICE ADDRESS: OF AGE LIVING IN DATE OF BIRTH	N/A  I DECLARANT'S HOUSEHO	
UNMARRI	ED CHILDREN BI	ELOW EIGHTEEN	TAX	OFFICE ADDRESS: OF AGE LIVING IN DATE OF BIRTH	N/A  I DECLARANT'S HOUSEHO	

# 1. ASSETS

## a. Real Properties\*

DESCRIPTION	KIND	EXACT	ASSESSED	CURRENT FAIR		UISITION	ACQUISITION
(e.g. lot, house and lot, condominium and improvements)	(e.g. residential, commercial, industrial, agricultural and mixed use)	LOCATION	(As found in	VALUE   MARKET VALUE   (As found in the Tax Declaration of Real Property)		MODE	COST
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Subtotal: 0.00

# b. Personal Properties\*

DESCRIPTION	YEAR ACQUIRED	ACQUISITION COST/AMOUNT
Car (Kia Rio 2015)	2018	400 000.00
Motorcycle	2008	60 000.00
Gadgets and appliances (air conditioning unit, cellphone, laptop, TV, refrigerator, etc.)	2010 – 2018	120 000.00
Collectibles	Editor Days a villed a second	50 000.00
Cash on hand/bank	A A A A A A A A A A A A A A A A A A A	75 000.00

Subtotal: 705 000.00

TOTAL ASSETS (a+b): 705 000.00

<sup>\*</sup> Additional sheet/s may be used, if necessary.

#### 2. LIABILITIES\*

NATURE	NAME OF CREDITORS	OUTSTANDING BALANCE
Salary loan	GSIS	(est.) 400 000. 00
Salany loan	vsucc	150 000.00
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TOTAL LIABILITIES:

550 000.00

**NET WORTH: Total Assets less Total Liabilities** 

155 000.00

# BUSINESS INTERESTS AND FINANCIAL CONNECTIONS

(of 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	
N/A	N/A	N/A		
WW	AUW	ano	1	

### 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		
Josephine L. Rafon	Sibling	Teacher-III	DepEd/Hilongos, Leyte		
Jackelin L. Modesto	Sibling	Teacher-III	DepEd/Hilongos, Leyte		
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79600	881-22 V TWY-88-88	70167	TOPS ASSOLT THE REAL PROPERTY OF THE STORY AND ASSOLT		
SOCIA	Skary   Transmirator	manual or	de la marie de la companya		

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 aboveenumerated 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.

Date: Mac	1 27, 2020		
6	sehiphbah		
(Signature of Declarant)		(Signature of Co-Declarant/Spouse)	
Government Issued ID:	Driver's License	Government Issued ID:	
ID No.:	H12-10-001731	ID No.:	
Date Issued:	12/16/2021 (expiration date)	Date Issued:	
	4.1-2		

SUBSCRIBED AND SWORN to before me this JUday 100 , affiant exhibiting to me the above-stated government issued identification card.

Person Administering Oath)

SAN C. GUINOCOR

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<sup>\*</sup> Additional sheet/s may be used, if necessary.