# 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. □ Separate Filing Not Applicable □ Joint Filing KEVIN POSITION: DECLARANT: SUMAYANG R. **INSTRUCTOR I** (Family Name) (First Name) (M.I.) AGENCY/OFFICE: VISAYAS STATE UNIVERSITY ADDRESS: LIBERTAD, ABUYOG, LEYTE OFFICE ADDRESS: VISCA, BAYBAY CITY, LEYTE SPOUSE: N/A POSITION: NA (Family Name) AGENCY/OFFICE: (First Name) (M.I.) OFFICE ADDRESS: NA 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 (e.g. lot, house and	KIND (e.g. residential,	LOCATION	ASSESSED	CURRENT FAIR MARKET VALUE	ACQUISITION		ACQUISITION COST
lot, condominium and improvements)	commercial, industrial, agricultural and mixed use)		(As found in the Tax Declaration of Real Property)		YEAR	MODE	
NA	NA	NA	NA	NA	NA	NA	NA SECOND

### Subtotal:

### b. Personal Properties\*

DESCRIPTION	YEAR ACQUIRED	ACQUISITION COST/AMOUNT
CLOTHES	2023	P 5,000.00
REFRIGERATOR	2023	P 12,000.00
VACCUM CLEANER	2023	P 2,000.00
CLOTHES 9349 Surgest state	2024	P 5,000.00
SHOES	2024	P 5,000.00

Subtotal: P 29,000.00

TOTAL ASSETS (a+b): P 29,000.00

## 2. LIABILITIES\*

NATURE	NAME OF CREDITORS	OUTSTANDING BALANCE
N/A	N/A	N/A
ALT SYSTE COUNCY ON	TOTAL LIABILITIES:	N/A
NET WORTH	H : Total Assets less Total Liabilities	s = 29,000.00

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

#### BUSINESSINTERESTSANDFINANCIALCONNECTIONS

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

2 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	
NA	NA	NA	DECLARANT AN SUMAYANG	
y tu system we say		71 N	ADDRESS: IRRETAD	

### RELATIVESINTHEGOVERNMENTSERVICE

(Within the Fourth Degree of Consanguinity or Affinity. Include also Bilas, Balae and Inso)  $\square I/We do not know of any relative/s in the government service)$ 

NAME OF RELATIVE	RELATIONSHIP POSITION		NAME OF AGENCY/OFFICE AND ADDRESS		
ELENA SUMAYANG	COUSIN	TEACHER	LES/ LIBERTAD, ABUYOG, LEYTE		
MARY JEAN SUMAYANG	COUSIN	TEACHER	LNHS/ LIBERTAD, ABUYOG, LEYTE		
OFELIA POGOY	COUSIN	TEACHER	LNHS/ LIBERTAD, ABUYOG, LEYTE		
AIZA POGOY	COUSIN	TEACHER	ABUYOG NATIONAL HIGH SCHOOL		

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.

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(Signature of Declarant)			(Signature of Co-Declarant/Spouse)			
Government Issued ID: ID No.:	PRC ID 1822829	5302	Government Issued ID: ID No.:	W/K	ACCUM CIT	
Date Issued:	12/27/2019	PZUZ	Date Issued:	P/4	Sult POJ.	
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SUBSCRIBED ANI	SWORN to before me tification card.	this 18 A	PR of	o me the abov	ve-stated	

(Person Administering Oath)