

SWORN STATEMENT OF ASSETS, LIABILITIES AND NET WORTH

As of December 31, 2016

(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: MILLADO JUSTINE BENNETTE H.
(Family Name) (First Name) (M. I.)

POSITION: Instructor III

AGENCY/OFFICE: Visayas State University

OFFICE ADDRESS: Visca, Baybay City, Leyte

ADDRESS Dept. of Pest Management, Visayas State University
Visca, Baybay City, Leyte

SPOUSE: N/A
(Family Name) (First Name) (M. I.)

POSITION:

AGENCY/OFFICE:

OFFICE ADDRESS:

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

NAME	DATE OF BIRTH	AGE
NONE		

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	
NONE							

Subtotal: P N.A. -

b. Personal Properties*

DESCRIPTION	YEAR ACQUIRED	ACQUISITION COST / AMOUNT
Yamaha Mio i	2017	100,000.00
Acer Netbook	2017	15,000.00
Nikon D90 SLR Camera Set	2016	30,000.00
Apple iphone XR	2019	45,000.00
Appliances and Furniture	2019	25,000.00

Subtotal: P 215,000.00

TOTAL ASSETS (a + b): 215,000.00

2. LIABILITIES*

NATURE	NAME OF CREDITORS	OUTSTANDING BALANCE
Credit Card	Sumitomo Mitsui Bank Corp. Inc	50,000.00
Credit Card	Bank of the Philippine Islands	8,000.00

TOTAL LIABILITIES: 58,000.00

NETWORTH : Total Assets Less Total Liabilities = 157,000.00

*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

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
Ruth H. Millado	Mother	Accounting Officer IV	University of the Philippines Visayas, Miag-ao, Iloilo
Ric R. Millado	Father	Asst. Professor	Northern Iloilo Polytechnic College, Sara, Iloilo
Helen P. Hubo	Aunt	Provincial Auditor	Commision on Audit, Pavia, Iloilo
Elsie H. Porras	Cousin	Administrative Officer	Commision on Audit, Pavia, Iloilo
Sergie Hubo	Cousin	Fire Officer III	Bureau of Fire, Region VI Office
Eda Marie Legarde	Cousin	Medical Officer IV	West Visayas Medical Center, La Paz, Iloilo City
Shiela H. Tumadiang	Cousin	Master Teacher I	Cordova National High School, Tigbauan, Iloilo

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 : 08 March 2019


(Signature of Declarant)

(Signature of Co-Declarant/Spouse)

Government Issued ID: Passport
ID No. : EC 3599403
Date Issued: 5-Mar-15

Government Issued ID: _____
ID No. : _____
Date Issued: _____

SUBSCRIBED AND SWORN to before me this MAR 11 2019 day of _____; affiant exhibiting to me the above-stated government issued identification card.


RYSAN C. GUINOCOR
(Person Administering Oath)