Subtotal:

TOTAL ASSETS (a + b):\_\_\_

434,500.00

117,383.53

## SWORN STATEMENT OF ASSETS, LIABILITIES AND NET WORTH

# As of **December 31, 2020**

(Required by R.A. 6713)

N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
(e.g. lot, house and lot condominium and	(e.g.residential, commercial, industrial,		(As found in the Tax Deck Real Property)	ration of YEAR MODE		MODE	
DESCRIPTION	KIND	EXACT LOCATION	ASSESSED VALUE	CURRENT FAIR MARKET VALUE	ACQUISITION		ACQUISITION COST
THRAN JO	roperties*						MAPIA ELEMITA P. LAZONA
1. ASSETS	including the		living in declarant's			en (10)	
	(Including the	ASSOCIATION OF THE PARTY OF THE	SETS, LIABILITIES use and unmarried c			an (19)	
	KALEB YOSEF L		72IOO IORUGET			3, 2020	2 MONTHS
		NAME			DATE O		AGE
UNMA	RRIED CHILDR	EN BELOW EI	GHTEEN (18) YEAR	RS OF AGE	LIVING	N DECL	ARANT'S HOUSEHOLD
					OFFICE AI	DRESS:	BAYBAY CITY, LEYTE
	(Family Name) (First Name) (M. I.)			na la cuara	AGENCY/OFFICE:		VISAYAS STATE UNIVERSITY
SPOUSE:	BANDIBAS	YHENA	or Affing Includes		POSITION:		INSTRUCTOR I
ADDRESS:	AMPARO, MA	CROHON, S	OUTHERN LEYT	Е ант иг			
					OFFICE AL	DRESS:	BAYBAY CITY, LEYTE
	(Family Name)	(First Name)	(M. I.)		AGENCY/OFFICE:		VISAYAS STATE UNIVERSITY
DECLARANT:	BANDIBAS	KEVIN NI	CK S.		POSITION:		INSTRUCTOR I
	Joint Filing		Separate Filing		Not Appl	icable	

### b. Personal Properties\*

DESCRIPTION	YEAR ACQUIRED	ACQUISITION COST/ AMOUNT	
Clothing	2019-2020	10,000.00	
Savings in banks and cooperatives	2020	60,000.00	
Laptops (2)	2018-2019	31,000.00	
Cell Phones (2)	2020	32,000.00	
Multicab	2020	250,000.00	
Smart TV	2020	23,000.00	
Airconditioning unit	2020	13,500.00	
Refrigerators	2017-2018	15,000.00	
miles of femalia	Subtotal:	434,500.00	

2. LIABILITIES\*

NATURE	NAME OF CREDITORS	OUTSTANDING BALANCE	
Consol Loan	GSIS	45,881.00	
VSUCC Loan	VSUCC	233,187.47	
Emergency Loan	GSIS	38,048.00	
ลร์รล์พ.ช. อยามอดดล	TOTAL LIABILITIES:	317,116.47	

NETWORTH : Total Assets Less Total Liabilities =

### 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	
N/A	N/A	N/A	N/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 relavtive/s in the government service.

NAME OF RELATIVE	RELATIONSHIP	POSITION	NAME OF AGENCY/OFFICE AND ADDRESS		
GEMMA S. BANDIBAS	MOTHER	AGRICULTURAL TECHNOLOGIST	LGU MACROHON, SOUTHERN LEYTE		
NICANOR C. BANDIBAS	FATHER	ADMINISTRATIVE OFFICER I	SOUTHERN LEYTE STATE UNIVERSITY- CTE, TOMAS OPPUS, SOUTHERN LEYTE		
CONSTANTINO G. LAZONA	FATHER	TEACHER III	DON FILOMENO M. TORRES MEMORIAL NAT'L HIGH SCHOOL, MONTSERRAT, PILAR, CEBU		
MARIA ELENITA P. LAZONA	MOTHER	MASTER TEACHER I	CAWIT ELEMENTARY SCHOOL, CAWIT, PILAR, CEBU		

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: Ap	ril 15, 2021		h 4 has		
KEVIN NICK'S. BANDIBAS (Signature of Declarant)		YHENA L. BANDIBAS  (Signature of Co-Declarant/Spouse)			
ID No.:	V-00885	ID No.:	V-00865		
Date Issued:	N/A	Date Issued:	N/A	TTL TELE	
	BED AND SWORN to before me this _vernment issued identification card.	1 5 APR 2021 day of	_ 2021 affian	t exhibiting to me the	
			Mi:		
			RYSAN C. GUIN	IOCOR	
		(Person Administering Oath)			