SWORN STATEMENT OF ASSETS, LIABILITIES AND NET WORTH

(Required by R.A. 6713)

Note: Husbar	nd and wife who ar	re both public officia	als and employ	yees may file	the required st	atements jo	intly or separately.	
	Joint Filing		Separate		Not Applica	ible		
ECLARANT:	CABILLO	FIDEL			POSITION:		RM WORKER I	
	(Family Name)	(First Name)	(M. I.)		AGENCY/OFF		Visayas State University	
ADDRESS	BRGY. GUADALUPE BAYBAY CITY, LEY				OFFICE ADDRESS:		Visca, Baybay City, Leyte	
SPOUSE:	CABILLO AMELITA M				POSITION:		N/A	
	(Family Name) (First Name) (M. I.)			AGENCY/OFF	ICE:	N/A		
				OFFICE ADDRESS:		N/A		
UNMARRIEI	CHILDREN BE	LOW EIGHTEEN	(18) YEAR	S OF AGE I	IVING IN DE	CLARANT	'S HOUSEHOLD	
	NAME				DATE OF	F BIRTH	AGE	
	MELLFE M. CABILLO				September 10, 2000		17	
	CRISTIAN M. CABILLO				October 1, 2006		- 11	
		ASSETS, LI						
a. Real Prope			g in declara		-	(), g		
DESCRIPTION	KIND	EXACT LOCATION	ASSESSE D VALUE	CURRENT FAIR MARKET VALUE	ACQUIS	SITION	ACQUISITION COS	
(e.g. lot, house and lot condominium and improvements)	(e.g.residential, commercial, industrial, agricultural and mixed		AND DESCRIPTIONS OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLU	Tax Declaration of Property)	YEAR	MODE		
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
b. Personal P	roperties*				S	Subtotal: P		
DESCRIPTION				YEAR ACQUIRED			COST/	
REFRIGERATOR				2017			17,000.00	
TV				2016			12,500.00	
CLOTHING				2015			5,000.00	
MOTORCYCLE				2013			65,000.00	
					s	Subtotal: P	99,500.00	
2. LIABILITIES					TOTAL ASSI	ETS (a + b)	99,500.00	
NATURE				NAME OF CREDITORS			OUTSTANDING BALANCE	
N/A				N/A			N/A	

TOTAL LIABILITIES:

NETWORTH: Total Assets Less Total Liabilities = 00,500

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. DATE OF NATURE OF BUSINESS ACQUISITION OF NAME OF ENTITY/BUSINESS **BUSINESS ADDRESS** INTEREST &/OR INTEREST OR ENTERPRISE FINANCIAL CONNECTION 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 AGENCY/OFFICE AND RELATIONSHIP POSITION NAME OF RELATIVE ADDRESS N/A N/A N/A N/A 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 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. AUG- 1, (Signature of Co-Declarant/Spouse) (Signature of Declarant) Government Issued ID: Government Issued ID: ID No.: ID No. : Date Issued: Date Issued: SUBSCRIBED AND SWORN to before me this _____ day of us 1 20017 affiant exhibiting to me the above-stated government issued identification card.

RYSAN C. GUINOCOR
(Person Administering Oath)