Revised as of January 2015 Per CSC Resolution No. 1500088 Promulgated on January 23, 2015

## SWORN STATEMENT OF ASSETS, LIABILITIES AND NET WORTH

As of

(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:			ILLO, MARK ANT	HONY M.		POSITION:	INSTRUCTOR
		(Family Name)	(First Name)	(M. I.)		AGENCY/OFFICE:	DEPARTMENT OF SOIL SCIENCE
						OFFICE ADDRESS:	VSU, BAYBAY CITY. LEYTE
ADDRESS		BRGY	. EASTERN POBL	ACION,			
			HILONGOS, LEYT	E			
SPOUSE:			N/A			POSITION:	N/A
		(Family Name)	(First Name)	(M. I.)		AGENCY/OFFICE:	N/A
						OFFICE ADDRESS:	N/A

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

NAME

DATE OF BIRTH

AGE

N/A

N/A

N/A

#### 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	KIND	EXACT LOCATION	ASSESSED VALUE	CURREN T FAIR MARKET VALUE	ACQU	JISITION	ACQUISITION COST
(e.g. lot, house and lot condominium and improvements)	(e.g.residential, commercial, industrial, agricultural and mixed		(As found in the Tax De Real Property		YEAR	MODE	
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Subtotal: P

#### b. Personal Properties\*

DESCRIPTION	YEAR ACQUIRED	ACQUISITION COST/ AMOUNT
MOTORCYCLE (XRM 125)	2019	45,000.00
LAPTOP	2017	25,000.00
CELLPHONE	2018	7,900.00
	Subtotal: P	77,900.00
O I LABIT IMIDO	TOTAL ASSETS (a + b):	77,900.00

## 2. LIABILITIES\*

NATURE	NAME OF CREDITORS	OUTSTANDING BALANCE	
N/A	N/A	N/A	
N/A	N/A	N/A	
N/A	N/A	N/A	

TOTAL LIABILITIES:

NETWORTH: Total Assets Less Total Liabilities =

77,900.00

### **BUSINESS INTERESTS AND FINANCIAL CONNECTIONS**

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

 $\square$  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
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
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 relautive/s in the government service.

NAME OF RELATIVE	RELATIONSHIP	POSITION	NAME OF AGENCY/OFFICE AND ADDRESS
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
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 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: SEPT. 04, 2019	
(Signature of Declarant)	(Signature of Co-Declarant/Spouse)
Government Issued  ID No. :  Date Issued:	Government Issued  ID No.:  Date Issued:
SUBSCRIBED AND SWORN to before me this _ above-stated government issued identification card.	day of SEP 2019 affiant exhibiting to me the

(Person Administering Oath)