SWORN STATEMENT OF ASSETS, LIABILITIES AND NET WORTH

As of December 31, 2023 (Required by R.A. 6713)

ECLARANT:	ASOY	ANGELICA		POSITION:	LABORATORY TECHNICIAN II	
OT	(Family Name)	(First Name)	C. (M.I.)	AGENCY/OFFICE:	VISAYAS STATE UNIVERSITY	
		NAON, ORMOC CITY		OFFICE ADDRESS:	BAYBAY CITY, LEYTE	
POUSE:	N/A	N/A	N/A	POSITION:	N/A	
-	(Family Name)	(First Name)	(M.I.)	AGENCY/OFFICE:	N/A	
The summer of th					37.14	
de keralanê	DATE OF ACT	ELOW EIGHTEEN	AK F	BUSINESS ADDRESS	N/A DECLARANT'S HOUSEHO	
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1. ASSETS UM TOTATO YOUR NO THAT

a. Real Properties*

DESCRIPTION (e.g. lot, house and lot, condominium	KIND (e.g. residential,	EXACT LOCATION	ASSESSED VALUE	CURRENT FAIR MARKET VALUE	ACQ	UISITION	ACQUISITION
and improvements)	commercial, industrial, agricultural and mixed use)		(As found in the Tax Declaration of Real Property)		YEAR	MODE	
N/A		N/A		N/A	N/A	N/A	N/A
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	TOTAL PROGRAM	op our all the contract	and I am. 7 4	It shall be on a		ustra gamb	to blemental

Subtotal:

b. Personal Properties*

DESCRIPTION	YEAR ACQUIRED	ACQUISITION COST/AMOUNT
phone	2023	14,000
PC (Second hand)	2021	8,000
A10 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		Date asued.
I S AFE 202A		

Subtotal: 22,000.00

TOTAL ASSETS (a+b): 22,000.00

WITH MANAGE STANCES

^{*} Additional sheet/s may be used, if necessary.

2. LIABILITIES*

NATURE	NAME OF CREDITORS	OUTSTANDING BALANCE
N/A	N/A	N/A
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ze weld _{e John Tex}	general anatomy as L grant trans. C	

TOTAL LIABILITIES: N/A

NET WORTH: Total Assets less Total Liabilities = 22,000.00

BUSINESS INTERESTS AND FINANCIAL CONNECTIONS

(of Declarant / Declarant's spouse/ Unmarried Children Below Eighteen (18) years of Age Living in Declarant's 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	HIRLEN/ATTAG	N/A MAM	N/A	
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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 N/A		RELATIONSHIP	POSITION N/A	NAME OF AGENCY/OFFICE AND ADDRESS N/A		
		N/A				
ACQUISTION -	NOTEDOD	CUNGERT PAIN	URSBERSY	roaxa	" - "OVILN"	DESCRIPTION
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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 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.

Date: 04 15 24				
MHS.		(Signature of Co-Declarant/Spouse)		
(Signature of Declara	rt)			
Government Issued ID:	Government Government	Issued ID: D/k		
ID No.:	ID No.:	NK	Thusi bao asi I'i	
Date Issued:	Date Issued:	NIK		
SUBSCRIBED AND SWORN government issued identification ca	ATY MY VSUC	, affiant exhibiting	g to me the above-stated	

^{*} Additional sheet/s may be used, if necessary.