#### SWORN STATEMENT OF ASSETS, LIABILITIES AND NET WORTH

As of June 30, 2023

(Required by R.A. 6713)

DECLARANT:	JAYME	JENEFER	B.	POSITION:	Administrative Aide IV	
	(Family Name)	(First Name)	(M. I.)	AGENCY/OFFICE:	VSU	
				OFFICE ADDRESS:	VSU, BaybayCity	
DDRESS	BRGY. HIBUI	NAWAN, BAYBA	YCITY			
	LEYTE					
SPOUSE:	JAYME DAVE PETER G		G	POSITION:	Administrative Aide I VSU	
	(Family Name) (First Name) (M. I.)	(M. I.)	AGENCY/OFFICE:			
				OFFICE ADDRESS:	VSY, Baybay City, Leyte	
UNMA	RRIED CHILDREN	BELOW EIGHTER	CN (18) YEARS OF	AGE LIVING IN DECLAR	ANT'S HOUSEHOLD	
		NAME		DATE OF BIR	TH AGE	
	JAVERN MYKE B. JAYME  JYDEI PHIL B. JAYME		November 11, 2011 September 29, 2014 May 26, 2020			

### 1. ASSETS

## a. Real Properties\*

DESCRIPTION	KIND		ASSESSED VALUE	CURRENT FAIR MARKET VALUE	ACQ	UISITION	ACQUISITION COST
(e.g. lot, house and lot condominium and improvements)	(e.g. residential, commercial, industrial, agricultural and mixed		(As found in the Tax D Real Proper		YEAR	MODE	
HOUSE	RESIDENTIAL	Brgy. Hibunawan, Baybay City, Leyte	500,000.00	400,000.00	2016	Constructed	600,000.00
					7000000		

living in declarant's household)

600,000.00 Subtotal: P

# b. Personal Properties\*

DESCRIPTION	YEAR ACQUIRED	ACQUISITION COST/ AMOUNT	
Clothes	2014-2021	35,000.00	
Gadgets	2014-2021	40,000.00	
Appliances	2014-2021	80,000.00	
Jewelries	2018-2021	15,000.00	

170,000.00 Subtotal: P

770,000.00 TOTAL ASSETS (a + b):

## 2. LIABILITIES\*

NATURE	NAME OF CREDITORS	OUTSTANDING BALANCE	
Emergency , Consol Loan , GFAL	GSIS	300,000.00	
salary loan	VISCO	400,000.00	
	TOTAL LIABILITIES:	700,000,00	

**NETWORTH**: Total Assets Less Total Liabilities =

70,000.00

# BUSINESS INTERESTS AND FINANCIAL CONNECTIONS

NAME OF ENTITY/BUSINESS ENTERPRISE	BUSINESS ADDR	ress inter	OF BUSINESS EST &/OR L CONNECTION	DATE OF ACQUISITION OF INTEREST OR CONNECTION	
none					
	RELATIVES IN THE  th Degree of Consanguinit  I/ We do not know of	y or Affinity. Include al	so Bilas, Balae an ne government se	ervice.	
NAME OF RELATIVE	RELATIONSHIP	POSITION	NAME OF AGENCY/OFFICE AND ADDRESS		
MA. FEDELINA B. REYES	AUNTIE	NURSING ATTENDANT	vsu		
RAUL BAGARINAO	AUNCLE	ADMIN AIDE I	vsu		
I hereby certify that business interests and financ eighteen (18) years of age livir	ng in my household, an	ing those of my spoud that to the best of	use and unmarr my knowledge,	ied children below the above-	
enumerated are names of rela					
I hereby authorize th from all appropriate governme may show my assets, liabilitie my spouse and unmarried ch	es, net worth, business ildren below 18 years o	the Bureau of Inter- interests and financ of age living with me	nal Revenue suc cial connections	ch documents that , to include those of	
I hereby authorize the from all appropriate governments and show my assets, liabilities my spouse and unmarried chapters to include the year I first	ent agencies, including es, net worth, business ildren below 18 years o	the Bureau of Inter- interests and financ of age living with me	nal Revenue suc cial connections	ch documents that , to include those of	
from all appropriate governme may show my assets, liabilitie my spouse and unmarried ch years to include the year I firs	ent agencies, including es, net worth, business ildren below 18 years o	the Bureau of Inter- interests and finance of age living with me wernment.	nal Revenue suc cial connections	ch documents that , to include those of d covering previous	

(Person Administering Oath)