

SWORN STATEMENT OF ASSETS, LIABILITIES AND NET WORTH

As of December 31, 2018

(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: ALBARICO ARMANDO P.  
(Family Name) (First Name) (M. I.)

POSITION: ADM. AST. III  
AGENCY/OFFICE: VISAYAS STATE UNIVERSITY  
OFFICE ADDRESS: BAYBAY CITY, LEYTE

ADDRESS 30 DE DICIEMBRE ST., ZONE 23  
BAYBAY CITY, LEYTE

SPOUSE: ALBARICO RITA C.  
(Family Name) (First Name) (M. I.)

POSITION: ADM. OFFICER  
AGENCY/OFFICE: LEYTE INTEGRATED PORT ZONE INC  
OFFICE ADDRESS: PORT AREA, BAYBAY CITY

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

NAME	DATE OF BIRTH	AGE
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  (e.g. lot, house and lot condominium and improvements)	KIND  (e.g.residential, commercial, industrial, agricultural and mixed)	EXACT LOCATION	ASSESSED VALUE	CURRENT FAIR MARKET VALUE	ACQUISITION		ACQUISITION COST
			(As found in the Tax Declaration of Real Property)		YEAR	MODE	
HOUSE	RESIDENTIAL	30 DE DEC ST. ZONE 23 BAYBAY CITY	50,000	100,000	1987	LOANS	50,000

Subtotal: P 50,000 -

b. Personal Properties\*

DESCRIPTION	YEAR ACQUIRED	ACQUISITION COST/ AMOUNT
MOTORCYCLE (HONDA)	2011	50,500
APPLIANCES, BOOKS, KITCHEN UTENSILS	1994 - 2018	75,000

Subtotal: P 125,500 -

TOTAL ASSETS (a + b): 175,500 -

2. LIABILITIES\*

NATURE	NAME OF CREDITORS	OUTSTANDING BALANCE
LOANS	GSIS	359,965.72
LOANS	SSS	9,847.80
LOANS	PAG-IBIG	16,044.40

TOTAL LIABILITIES: 385,857.92 -

NETWORTH : Total Assets Less Total Liabilities = - 210,357.92

\*Additional sheet/s may be used, if necessary.



**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 relative/s in the government service.


NAME OF RELATIVE	RELATIONSHIP	POSITION	NAME OF AGENCY/OFFICE AND ADDRESS
GENESIS C. ALBARICO	SON	INSTRUCTOR	VISAYAS STATE UNIVERSITY
ULYSES C. ALBARICO	SON	AGRICULTURIST	PHIL. COCONUT AUTHORITY
ARLYN GUINIPAN	COUSIN	ADM AIDE	VISAYAS STATE UNIVERSITY

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 : APRIL 29, 2019

  
(Signature of Declarant)

  
(Signature of Co-Declarant/Spouse)

Government Issued ID: DRIVERS' LICENSE  
ID No. : 402-76-003855  
Date Issued: JUNE 20, 2018

Government Issued ID: \_\_\_\_\_  
ID No. : \_\_\_\_\_  
Date Issued: \_\_\_\_\_

SUBSCRIBED AND SWORN to before me this 29 APR 2019 day of \_\_\_\_\_ 2019 affiant exhibiting to me the above-stated government issued identification card.

  
RYSAN C. GUINOCOR  
(Person Administering Oath)