SWORN STATEMENT OF ASSETS, LIABILITIES AND NET WORTH

		f December			-
		(Requi	ired by R.A. 6713	3)	
Note: Husband a	ınd wife who are bot	h public officials a	nd employees ma	y file the required statements jointly o	r separately.
√☐ Joi	int Filing	☐ Separ	ate Filing	☐ Not Applicab	le
DECLARANT:	REBUYAS	BRYAN	Р.	POSITION:	DRIVER/CANVASSER
	(Family Name)	(First Name)	(M.I.)	AGENCY/OFFICE:	VSU
ADDRESS:	FARMERS' VILL	AGE, VSU, BAYE	AY CITY,	OFFICE ADDRESS:	BAYBAY CITY,
	LEYTE, 6521-A				LEYTE, 6521-A
SPOUSE:	REBUYAS,	JUZTINE JANE	L	POSITION:	INSTRUCTOR
	(Family Name)	(First Name)	(M.I.)	AGENCY/OFFICE:	VSU
				OFFICE ADDRESS:	BAYBAY CITY
UNMAR	RIED CHILDREN	BELOW EIGHTE	en (18) years (of age living in declarant's	HOUSEHOLD
N/	AME		DATE OF E	BIRTH	AGE
JOULES BRIAN	NE L. REBUYAS	. <u>-</u>	Aug. 21, 2	2017	2 years & 10 months
		_			
		_			
		-			

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 CURRENT PA		
(e.g. lot, house and lot, condominium and improvements)	(e.g. residential) commercial,	Programme and the state	VALUE VALUE (Astfound in the Tex Declarat of Real Property)	ion YEAR MODE	ACQUISITION COST
NONE					
	-				
:					
			L	Subtotal:	•

b. Personal Properties*

D. I C. DOZIUL I I OPCI (LOC)		
DESCRIPTION	YEAR ACQUIRED	ACQUISITION COST/AMOUNT
Electronic Gadgets (Laptop & Cellphone)	2015 - 2017	63,000.00
Total Station	2014	145,000.00
Home Appliances and Furniture	2016 - 2017	70,000.00
Motorcycle	2012	67,000.00

Subtotal: 345,000.00

TOTAL ASSETS (a+b): 345,000.00

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

2. LIABILITIES*

NATURE	NAME OF CREDITORS	OUTSTANDING BALANCE
Globe Plan	Globe Telecom	36,000.00
Life Insurance	Sun Life	64,000.00
		A Company of the Comp

TOTAL LIABILITIES:

100,000.00

NET WORTH: Total Assets less Total Liabilities =

245,000.00

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
NONE	OFFICE ACDRESS		
divide thickness,			Mental establishing they
7			4970.0030

RELATIVES IN THE GOVERNMENT SERVICE

(Within the Fourth Degree of Consanguinity or Affinity. Include also Bilas, Balae and Inso)

— 1/ We ao not know of any relative/s in the government service)

NAME OF RELATIVE	RELATIONSHIP	POSITION	NAME OF AGENCY/OFFICE AND ADDRESS
Jaime M. Lasquites	Father in law	Security Guard	vsu
Heide S. Lasquites	Mother in law	Research Asst.	VSU
James Jade S. Lasquites	Brother in law	Asst. Professor	USEP

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 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: 11-Jun-20			
(h < [~	CSME POSSULACED	M	(4/82.51G)
(Signature of Declara	nt)	(Signature of Co-Declard	ant/Spouse)
Government Issued ID:	VSU ID	Government Issued ID:	VSU ID
ID No.:	V00898	ID No.:	V00802
Date Issued:	Jan-16	Date Issued:	Aug-15
00.000.518	0.101	1 1 JUN 2020	

SUBSCRIBED AND SWORN to before me this

____ day of _____, 2016

affiant exhibiting to me the above-stated government issued identification card.

ATTY. RYSAN C. GUINOCOR (Person Administering Oath)

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