

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:	Limpangog Roy C. (Family Name) (First Name) (M.I.)	POSITION:	Instructor I
ADDRESS:	Sitio Coob, Brgy. Libertad, Ormoc City, Leyte	AGENCY/OFFICE:	Visayas State University
		OFFICE ADDRESS:	Visca, Baybay City, Leyte
SPOUSE:	N/A N/A N/A (Family Name) (First Name) (M.I.)	POSITION:	N/A
		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
N/A	N/A	N/A
N/A	N/A	N/A
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 (e.g. lot, house and lot, condominium and improvements)	KIND (e.g. residential, commercial, industrial, agricultural and mixed use)	EXACT LOCATION	ASSESSED	CURRENT FAIR	ACQUISITION		ACQUISITION COST
			VALUE (As found in the Tax Declaration of Real Property)	MARKET VALUE	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
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: N/A

b. Personal Properties*

DESCRIPTION	YEAR ACQUIRED	ACQUISITION COST/AMOUNT
Motorcycle	2015	P 65,000.00
Motorcycle	2019	P 80,000.00
Cash in bank (online)	2022 - present	P 15,055.97
Cash on hand	2023	P 8,200.00

Subtotal : P 168,255.97

P 168,255.97

TOTAL ASSETS (a+b): _____

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

2. LIABILITIES*

NATURE	NAME OF CREDITORS	OUTSTANDING BALANCE
SSS Calamity Loan	SSS	P 18,840.64
N/A	N/A	N/A
N/A	N/A	N/A
N/A	N/A	N/A

TOTAL LIABILITIES: P 18,840.64**NET WORTH : Total Assets less Total Liabilities = P 149,415.33**

* 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'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	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 relative/s in the government service)

NAME OF RELATIVE	RELATIONSHIP	POSITION	NAME OF AGENCY/OFFICE AND ADDRESS
Rhea Mae L. Delfin	Sibling	Teacher I	Department of Education, Ormoc City
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 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: January 23, 2024

(Signature of Declarant)

N/A
(Signature of Co-Declarant/ Spouse)

Government Issued ID: Agriculturist License
 ID No.: 0041762
 Date Issued: July 10, 2023

Government Issued ID: N/A
 ID No.: N/A
 Date Issued: N/A

SUBSCRIBED AND SWORN to before me this JAN 23 2024 day of January, affiant exhibiting to me the above-stated government issued identification card.

ATTY. KIEFER CLINT L. PETILLA
 PUBLIC ATTORNEY I
 Pursuant to B.A. 9406
 (Person Administering Oath)

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