

# SWORN STATEMENT OF ASSETS, LIABILITIES AND NET WORTH

As of December 31, 2013

(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:** VILLAS MICHAEL CARLO C.  
(Family Name) (First Name) (M.I.)

**ADDRESS:** BLK. 13, LOT 25  
BARAS, PAO, LETE

**SPOUSE:** \_\_\_\_\_  
(Family Name) (First Name) (M.I.)

**POSITION:** INSTRUCTOR I

**AGENCY/OFFICE:** LEITE NORMAL UNIVERSITY

**OFFICE ADDRESS:** P. PATERNO ST.  
TACLOBAN CITY

**POSITION:** \_\_\_\_\_

**AGENCY/OFFICE:** \_\_\_\_\_

**OFFICE ADDRESS:** N/A

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

NAME	DATE OF BIRTH	AGE
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>

## ASSETS, LIABILITIES AND NETWORK

(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)	LOCATION	ASSESSED VALUE	CURRENT FAIR MARKET VALUE	ACQUISITION		ACQUISITION COST
			(As found in the Tax Declaration of Real Property)		YEAR	MODE	
			<u>N/A</u>				

Subtotal: \_\_\_\_\_

#### b. Personal Properties\*

DESCRIPTION	YEAR ACQUIRED	ACQUISITION COST/AMOUNT
<u>LENOVO LAPTOP</u>	<u>2014</u>	<u>Php. 11,000.00</u>
<u>BOOKS</u>	<u>2014</u>	<u>Php. 5,000.00</u>
<u>CLOTHES</u>	<u>2014</u>	<u>Php. 5,000.00</u>

Subtotal: Php. 21,000.00

**TOTAL ASSETS (a+b):** Php. 21,000.00

### 2. LIABILITIES\*

NATURE	NAME OF CREDITORS	OUTSTANDING BALANCE
<u>CALAMITY LOAN</u>	<u>GSIS</u>	<u>Php. 19,000.00</u>
<u>HELP LOAN</u>	<u>GSIS</u>	<u>Php. 28,000.00</u>

**TOTAL LIABILITIES:** Php. 47,000.00

**NET WORTH : Total Assets less Total Liabilities =** Php. 26,000.00

\* 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

**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
CARLO A. VIÑAS	FATHER	ADMIN AIDE V	UP SCHOOL OF HEALTH SCIENCES /PAU
FERR C. VIÑAS	MOTHER	ADMIN AIDE IV	PROVINCIAL GOVERNMENT OF LERTE /PAU, ITC, ORB

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: 3 MARCH 2014


  
(Signature of Declarant)

Government Issued ID: LNU (EMPLOYEE ID)  
ID No.: 100615  
Date Issued:

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

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

**SUBSCRIBED AND SWORN** to before me this 3rd day of MARCH, affiant exhibiting to me the above-stated government issued identification card.

  
PABLO U. AMAGONE  
(Person Administering Oath)