SWORN STATEMENT OF ASSETS. LIABILITIES AND NET WORTH

As of DECEMBER 2020-31

(Required by R.A. 6713)

Note: Husband and wife who are both public officials and employees may file the required statements jointly or separately. ☐ *Jbint Filing* ☑ Separate Filing ☐ Not Applicable

DECLARANT:

VILLAS (Family Name)

ME-AN (First Name)

D. (M.I.) POSITION: AGENCY/OFFICE: ADMINISTRATIVE ASSISTANT II VISAYAS STATE UNIVERSITY

ADDRESS:

APARTMENT 47, KILBOURNE DRIVE, VISAYAS STATE UNIVERSITY, VISCA, BAYBAY CITY, LEYTE

OFFICE ADDRESS:

VISCA, BAYBAY CITY, LEYTE

SPOUSE:

VILLAS (Family Name)

NORMAN (First Name)

0. (M.I.) POSITION: AGENCY/OFFICE: COMPUTER PROGRAMMER I VISAYAS STATE UNIVERSITY

OFFICE ADDRESS:

VISCA, BAYBAY CITY, LEYTE

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

NAME	DATE OF BIRTH	AGE
GABRIELLE NORMAINE D. VILLAS	January 3, 2012	9
GAVIN MELBERT D. VILLAS	March 20, 2020	TO BHENT

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

Real Properties* a.

DESCRIPTION (e.g. lot, house and	KIND (e.g. residential,	EXACT LOCATION	ASSESSED	CURRENT FAIR MARKET VALUE			ACQUISITION COST
lot, condominium and improvements) commercial, industrial, agricultural and mixed use)	(As found in	the Tax Declaration of YEAR MODE		MODE			
NONE	NONE	N/A	N/A	N/A	N/A	N/A	N/A
							Date lesued:

Subtotal:

b. Personal Properties*

DESCRIPTION	YEAR ACQUIRED	ACQUISITION COST/AMOUNT	
TANGIBLES			
Gadgets	2017	6,000.00	
Furniture	2018-2020	25,000.00	
Appliances	2018-2020	8,000.00	

Subtotal: 39,000.00

TOTAL ASSETS (a+b): 39,000.00

2. LIABILITIES*

NATURE	NAME OF CREDITORS	OUTSTANDING BALANCE
Emergency Loan	GSIS	13,500.00

TOTAL LIABILITIES: 13,500.00

NET WORTH: Total Assets less Total Liabilities =

25,500.00

* 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	
NONE	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
NONE	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: KPML	12, 2021		
DM BEGGS. ROPES	THE THE THE SAME OF THE SAME		
(Signa	nture of Declarant)	(Signature of Co-Declarant/	Spouse)
Government Issued ID: ID No.: Date Issued:	VSU ID V00092	Government Issued ID: ID No.: Date Issued:	anon
SUBSCRIBED AND stated government issue		day of April 2021, affiant exhibiting	to me the above-
		(Person Administering Oath)	TAWGIBLES