## SWORN STATEMENT OF ASSETS, LIABILITIES AND NET WORTH

As of March 31, 2023

(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 **ARGA** ARIEL DECLARANT: POSITION: SECURITY GUARD I (Family Name) VISAYAS STATE UNIVERSITY AGENCY/OFFICE: OFFICE ADDRESS: **BRGY, PANGASUGAN BRGY. STO. ROSARIO ADDRESS** BAYBAY CITY, LEYTE **BAYBAY CITY, LEYTE** N/A SPOUSE: POSITION: N/A (Family Name) (First Name) (M. I.) AGENCY/OFFICE: OFFICE ADDRESS: UNMARRIED CHILDREN BELOW EIGHTEEN (18) YEARS OF AGE LIVING IN DECLARANT'S HOUSEHOLD NAME DATE OF BIRTH AGE July 8, 2007 ARMEL Y. ARGA 15 **ARIANNE Y. ARGA** July 6, 2015 7 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\* CURRENT EXACT ASSESSED FAIR ACOUISITION DESCRIPTION KIND LOCATION VALUE MARKET **ACQUISITION COST** VALUE (e.g. lot, house and lot (e.g.residential, (As found in the Tax Deci MODE Real Property) YEAR N/A N/A N/A N/A N/A N/A N/A N/A Subtotal: P b. Personal Properties\* ACQUISITION COST/ DESCRIPTION YEAR ACQUIRED **AMOUNT** MOTORCYCLE 125i HONDA CLICK 2021 127,000.00 DEVANT 40" TV 2022 24,000,00 REGRIGERATOR LG 2 DOORS 2022 25,000.00 176,000.00 Subtotal: P 176,000.00 TOTAL ASSETS (a + b): 2. LIABILITIES\* **OUTSTANDING** NAME OF CREDITORS NATURE BALANCE 44,000.00 PERSONAL LOAN VSUCC **TOTAL LIABILITIES:** 44,000.00

**NETWORTH**: Total Assets Less Total Liabilities =

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132,000.00

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

## **BUSINESS INTERESTS AND FINANCIAL CONNECTIONS**

	ouse/ Unmarried Children Be				
NAME OF ENTITY/BUSINESS ENTERPRISE	BUSINESS ADDRE	ess inter	OF BUSINESS EST &/OR CONNECTION	DATE OF ACQUISITION OF INTEREST OR CONNECTION	
N/A	N/A		N/A	N/A	
(Within the Fourt	RELATIVES IN THE Control of the Degree of Consanguinity			d Inso)	
NAME OF RELATIVE	I/ We do not know of a	ny relavtive/s in the	NAME OF AC	NAME OF AGENCY/OFFICE AND ADDRESS	
N/A	N/A	N/A		N/A	
I hereby certify that the business interests and financial eighteen (18) years of age living the enumerated are names of related the second se	g in my household, and	ng those of my spou that to the best of	se and unmarri my knowledge,	ed children below the above-	
	Ombudsman or his/hent agencies, including to s, net worth, business indren below 18 years of	er duly authorized r he Bureau of Intern nterests and financi age living with me i	epresentative to al Revenue suc ial connections,	o obtain and secure h documents that to include those of	
(Signature of Declarant)		N/A (Signature of Co-Declarant/Spouse)			
Government Issued DRIVER'S IN 1140073 Date Issued: 10/14/201	330	Government Issued ID No.: Date Issued:	N/A N/A N/A		
SUBSCRIBED AND SWOR		_day of	20 , affiant ex TTY, RYS A C. GUINOCOR VSU Chef Legal Officer	chibiting to me the	

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(Person Administering Oath)