SWORN STATEMENT OF ASSETS, LIABILITIES AND NET WORTH

As of July 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.

DECLARANT: CABASE MICHELLE AUBREY D. Gramby Name) Gramb Name) Grambane) Grambane)	NO ETAG-	Joint Filing	TATURE OF	Separate Filing		Not Applic		
Charley Name (Steet Name) (M.1) AGENCY/OFFICE VISAYAS STATE UNIVERSITY VISCA, BAYBAY CITY, LETTE, PHILIPPINES SO3-30 DE DECIEMBRE ST. BAYBAY CITY, LETTE, PHILIPPINES DESCRIPTION CABASE INIGO EZEKIEL Q. POSITION AGENCY/OFFICE OFFICE ADDRESS: UNIMARRIED CHILDREN BELOW EIGHTEEN (18) YEARS OF AGE LIVING IN DECLARANT'S HOUSEHOLD		CABASE	MICHELLE AU	BREY D.	usiness a			
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						TOTAL LIA	BILITIES	
				NETWORTH : T	otal Assets			253,000.00

BUSINESS INTERESTS AND FINANCIAL CONNECTIONS

(of Declarant's spouse/ Unmarried Children Below Eighteen(18) years of Age Living in Declarant Household)

	I/ We	e do	not	have	any	business	interest	or	financial	connection.
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NAME OF ENTITY/BUSINESS ENTERPRISE	BUSINESS ADDRESS	NATURE OF BUSINESS INTEREST &/OR FINANCIAL CONNECTION	DATE OF ACQUISITION OF INTEREST OR CONNECTION
SUGAR CAFÉ BAYBAY	503-DE DECIEMBRE ST. BAYBAY CITY LEYTE	COFFEE AND MILKTEA	10-May-23
		AARAA OLLA TEAA ET SHITISTANES	5

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 relautive/s in the government service.

NAME OF RELATIVE	RELATIONSHIP	POSITION	NAME OF AGENCY/OFFICE AND ADDRESS
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	Leinidren belaus hijnteeri (15	picaman massards sift	e send the street

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 relatives in the government within 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 :			ond Progress	
MICHELLE AUG	of Declarant)	18166 EZE	EKIEL G. CABASE -Declarant/Spouse)	LAPROFIE
Government Issued ID: ID No.:	TIN 475-314-856-000	Government Issued ID:	DRIVER'S LICENSE N26-15-019404	10130 100001
Date Issued:	9/18/2015	Date Issued:	8/24/2022	ndidu Atron Sp e
	ND SWORN to before me thi	1 8 SEP 2023 s day of, 2019		e the above-
263,000,00	TOTAL ASSETS (a -	RYS	AN C. GUINOCOR	URBALL C
OUTS 'ANDING		(Person	Administering Oath)	