SWORN STATEMENT OF ASSETS, LIABILITIES AND NET WORTH As of Du. 11 will the

Note: Husband and sulps who are both public officials and employees may file the required statements jointly or separately. Green Spring Separate Filling Not Applicable POSITION: AGENCY OFFICE: OFFICE VISAYAS STATE UNIVERSITY Creating Name Creating Name Creating Name Creating Name	Note: H	ushand and wife wh	o are both public	(Required by F		•		·. 4
(Free Name) (Size Name) (M. 1) AGENCY/OFFICE: VISAYAS STATE UNIVERSITY OFFICE ADDRESS: 30 DE DECIEMBRE ST., BAYBAY CITY, LEYTE POUSE: (Free Name) (M. 1) AGENCY/OFFICE: OFFICE ADDRESS: UNMARRIED CHILDREN BELOW EIGHTEEN (18) YEARS OF AGE LIVING IN DECLARANT'S HOUSEHOLD NAME DATE OF BIRTH AGE ASSETS, LIABILITIES AND NETWORTH (Including those of the spouse and unmarried children below eighteen (18) years of age living in declarant's household; 10 S. Real Properties* DESCRIPTION RIND LOCATION VALUE MARRIED LOCATION LOCATION VALUE MARRIED ACQUISITION COST Post house said has Properties* Subtotal: P DESCRIPTION ACER LAPTOP DESCRIPTION ACER LAPTOP 2013 15,000.0 ACRES 15,000.0 ACRES 15,000.0 ACRES 15,000.0 ACRES 16,000.0 ACRES 16,0								nntly or separately.
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TOTAL LIABILITIES:								1
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BUSINESS INTERESTS AND FINANCIAL CONNECTIONS

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

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/OFI ADDRESS
Welinda Linganay	Aunt	Teacher III	Baybay NHS, Baybay City,
Gina Oquias	Aunt	School Principal	Mailhi Elementary School, I
Ma. Andresa Valenzona	Aunt	Teacher III	Makinhas NHS, Baybay City
Antonietta Sumayod	Aunt	Agriculturist	Department of Agriculture,

I hereby certify that these are true and correct statements of my assets, liabilities, net worth, be interests and financial connections, including those of my spouse and unmarried children below eighteen of age living in my household, and that to the best of my knowledge, the above-enumerated are names of 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 secu appropriate government agencies, including the Bureau of Internal Revenue such documents that may sh assets, liabilities, net worth, business interests and financial connections, to include those of my spouse a unmarried children below 18 years of age living with me in my household covering previous years to incluyear I first assumed office in government.

Date: MAY 20, 201	9		
1	PP.		
(Signa	ture of Declarant)	(Sign	nature of Co-Declarant/Spouse)
Government Issued	TIN	Governmen	it Issued ID:
ID No.:	350970027	ID No.:	
Date Issued:	Oct. 12, 2018	2 2 MAY 2019	d:
SUBSCRIBED	AND SWORN to before me this	day of	_ 2019 affiant exhibiting to me the
	issued identification card.		Mai
			RYSÁN C/GUINOCOR
			(Person Administering Oath)