Revised as of January 2015 Per CSC Resolution No. 1500088 Promulgated on January 23, 2015

SWORN STATEMENT OF ASSETS, LIABILITIES AND NET WORTH

As of 10cc - 31, 2018 (Required by R.A. 6713)

	Note: Husband and wi	fe who are both loint Filing		ficials and employe Separate Filing	es may file the require Not Ap		jointly or sepa	rately.
DECLARANT: ADDRESS:	: REOMA REY MARTIN (Family Name) (First Name) BRGY. RIZAL, SOGOD, SOUTHERN LEYTE			LUMBRE (M.I.)	POSITION: INSTRUCTOR I AGENCY/OFFICE: VISAYAS STATE UNIVERSITY (VISCA, BAYBAY CITY, LEYTE			
SPOUSE:	NONE (Family Name) (First Na		ame) (M.I.)		POSITION: AGENCY/OFF OFFICE ADDR	ICE:		
	UNMARRIED CHILD	REN BELOW	/ EIGHTE	EN (18) YEARS	OF AGE LIVING II	N DECLARA	NT'S HOUS	EHOLD
_	NAME NONE					AGE		
L. ASSETS	(In	cluding those	of the sp	ouse and unmar	ND NET WORT ried children below rant's household)		8)	
	Real Properties *			ASSESSED	CURRENT FAIR			T
condominium a	(e.g. lot, house and lot, condominium and commercial, industrial, improvements) agricultural and mixed use)				MARKET VALUE ne Tax Declaration of Property)	YEAR	MODE	ACQUISITION COST
None								
b.	Personal Properties	*				Su	ubtotal:	-
le.	DESCRIPTION			YEAR ACQUIRED		ACQUISITION COST/AMOUNT		
Jewelries (watch, rings) Books				2016 2015		15,000.00 20,000.00		
Cellphone			2016				30,000	
_								
							ıbtotal:	65,000.00
. LIABILITI	IES						ibtotal: ETS (a+b): _	
	NATURE			NAME OF CRI	DITORS	TOTAL ASS		65,000.00
2. LIABILITI				NAME OF CRI PAG-IB SSS	DITORS	TOTAL ASS	ETS (a+b): _	65,000.00 6 BALANCE

* Additional sheet/s may be used, if necessary.

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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's Household)

	☐ I/We do not h	ave any business in	terest or financial connec	etion.		
NATURE OF ENTITY/BUSINE ENTERPRISE	SS BUSINES	S ADDRESS IN	NATURE OF BUSINESS TEREST &/OR FINANCIAL CONNECTION	DATE OF ACQUISITION OF INTEREST OR CONNECTION		
None						
(1	Within the Fourth Degi		RNMENT SERVICE finity. Include also Bilas, Balae a in the government service	nd Inso)		
NAME OF RELATIVE	RELATIONSHIP	POSITION	NAME OF AGENCY / OFFICE AND ADDRESS			
Bonifacio B. Reoma	Father	Admin Aide VI	So. Leyte State University, Sogod, So. Leyte			
Veronica L. Reoma	Mother	Admin Officer V	So. Leyte State University, Sogod, So. Leyte			
Reo Lumen R. Escoro	Sister	Revenue Officer I	BIR, Ormoc City			
business interests eighteen (18) year enumerated are no affinity. I hereby secure from all of documents that m include those of m	and financial corrs of age living ames of my related authorize the appropriate governs ay show my assembly spouse and un	nnections, including in my household, a ives in the governm Ombudsman or his ernment agencies, ets, liabilities, net warried children be	g those of my spouse and that to the best of ent within the fourth cives/her duly authorized reincluding the Bureau orth, business interests	assets, liabilities, net worth, and unmarried children below my knowledge, the above-vil degree of consanguinity or epresentative to obtain and of Internal Revenue such and financial connections, to ang with me in my household it.		
Date: April 30, 201	hudew re of Declarant)		(Signature of Co-	-Declarant/Spouse)		
	NOY - 12 -	before me this	ment Issued ID: ID No.: Date Issued: 0 2 MAY 2019 day of	, affiant exhibiting to me the		
above-stated gove	ernment issued id	dentification card.				

VSUL (Person Administering Oath)