

SWORN STATEMENT OF ASSETS, LIABILITIES AND NET WORTH

As of December 31, 2020
(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

DECLARANT:	OMEGA	RANDY	G.	POSITION:	INSTRUCTOR II
	(Family Name)	(First Name)	(M.I.)	AGENCY/OFFICE:	VSU
ADDRESS:	CLARO M. RECTO ST.			OFFICE ADDRESS:	VISCA, BAYBAY CITY LEYTE
	BAYBAY CITY, LEYTE				
SPOUSE:	NA			POSITION:	NA
	(Family Name)	(First Name)	(M.I.)	AGENCY/OFFICE:	NA
				OFFICE ADDRESS:	NA

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

NAME	DATE OF BIRTH	AGE
NA	NA	NA

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*

DESCRIPTION (e.g. lot, house and lot, condominium and improvements)	KIND (e.g. residential, commercial, industrial, agricultural and mixed use)	EXACT LOCATION	ASSESSED VALUE	CURRENT FAIR MARKET VALUE	ACQUISITION		ACQUISITION COST
			(As found in the Tax Declaration of Real Property)		YEAR	MODE	
HOUSE	RESIDENTIAL	C.M. RECTO ST., BAYBAY CITY, LEYTE			2013	BUILD	800,000

Subtotal: PhP 800,000

b. Personal Properties*

DESCRIPTION	YEAR ACQUIRED	ACQUISITION COST/AMOUNT
MOTORCYCLE	1998	56,000
HOME APPLIANCES	1995-PRESENT	40,000
JEWELRIES	1995-PRESENT	20,000
BANK ACCOUNT	1995-PRESENT	538,891

Subtotal : PhP 654,891

TOTAL ASSETS (a+b): PhP 1,454,891

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

2. LIABILITIES*

NATURE	NAME OF CREDITORS	OUTSTANDING BALANCE
Loan (HELP)	GSIS	PhP 32,000
TOTAL LIABILITIES:		PhP 32,000
NET WORTH : Total Assets less Total Liabilities =		PhP 1,422,891

* 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			

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
REBECCA O. MONTALBAN	SISTER	DISTRICT NURSE	WESTERN LEYTE PROVINCIAL HOSPITAL

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: January 5, 2021

RANDY G. OMEGA

(Signature of Declarant)

(Signature of Co-Declarant/ Spouse)

Government Issued ID: VSU ID
ID No.: V000374
Date Issued:

Government Issued ID:
ID No.:
Date Issued:

05 JAN 2021

SUBSCRIBED AND SWORN to before me this ___ day of ___, affiant exhibiting to me the above-stated government issued identification card.

ATTY. RYSA C. GUINOCOR
VSU LEGAL OFFICER
(Person Administering Oath)