

A. DECLARANT'S PERSONAL INFORMATION AND EMPLOYMENT

*For Joint filing, make 2 entries for Name, Position, Declarant's Annual Gross Salary, Name of Agency, and Office Address

*Annual Gross Salary refers to ALL amounts received by declarant from Government service

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Last Name OMEGA	First Name RANDY	Middle Name GORGONIO
Home Address VISAYAS STATE UNIVERSITY BAYBAY CITY, LEYTE	Position INSTRUCTOR 1	Declarant's Annual Gross Salary

* Annual Gross Family Income refers to income of declarant, spouse, and declarant's children below 18 years of age living in declarant's household

Name of Agency/Office	Office Address	Annual Gross Family Income
VISAYAS STATE UNIVERSITY	VISAYAS STATE UNIVERSITY BAYBAY CITY, LEYTE	

☐ I am married. ☒ I am not married. ☐ I have no children below 18 years of age living in my household.

Spouse Information:

Name: _____ Position: _____ Company: _____

Children of Declarant Below 18 Years of Age Living in Household of Declarant (Use additional sheet if necessary)	Date of Birth
N/A	

Instruction for all assets: Declare assets whether the declarant/spouse/child is the legal owner (name appearing on the instrument of title) or the beneficial owner (property is in the name of another person but ownership pertains to declarant/spouse/child, under a trust arrangement).

1. Real Properties and Vehicles of Declarant/Spouse/Declarant's Children Below 18 Years of Age Living in the Household of Declarant, regardless of amount (Use additional sheet if necessary)

☐ I have no real properties to declare owned by me/ my spouse/ my children below 18 years of age living in my household

☐ I have no vehicles to declare owned by me/my spouse/my children below 18 years of age living in my household

Kind of Real Property/ Type of Vehicle and plate no.	Location of Real Property/ Cert No. and Place of Reg of Vehicle	Acquisition			Estimated Fair Market Value (Php)	Assessed Value (Php)
		Mode	Year	Cost (Php)	(Not Applicable to Vehicles)	
HOUSE	BAYBAY CITY, LEYTE	CONSTRUCTED	1998	70,000.00	100,000.00	70,000.00
BICYCLE	BAYBAY CITY, LEYTE	PURCHASED	1995	4,500.00		
MOTORCYCLE/HD9312	BAYBAY CITY, LEYTE	PURCHASED	2003	40,000.00		
			Total:	114,500.00		

2. Investments, Other Personal Properties, and Liabilities of Declarant/Spouse/Declarant's Children Below 18 Years of Age Living in the Household of Declarant

☐ I have no investments to declare owned by me/my spouse/my children below 18 years of age living in my household

☐ I have no personal properties to declare owned by me/my spouse/my children below 18 yrs of age living in my household

☐ I have no liabilities to declare pertaining to me/my spouse/my children below 18 years of age living in my household

Instructions: Declare each Asset Item (Investment and Other Personal Property) with a fair market value of Php50,000 or more as of the date of declaration, even if the same was acquired at no cost or at less cost. Declare each Liability Item with an outstanding balance of Php50,000 or more as of the date of declaration. Items with less value may be declared in lump sum as "Others." However, if "Others" amounts to more than Php 100,000, each item must be listed. Put a check mark on the items to be declared, and make the corresponding entry for the actual Acquisition Cost or Outstanding Balance, as applicable.

Corresponding entry for the actual Acquisition Cost or Outstanding Balance, as applicable:			
B.2.1 Investment Item		Acquisition Cost	
<input type="checkbox"/> Stocks (equity paid)	N/A	<input type="checkbox"/> Pre-need plans (premiums pd)	N/A
<input type="checkbox"/> Bonds		<input type="checkbox"/> Time deposits	
<input type="checkbox"/> Mutual funds		<input type="checkbox"/> Money market placements	
<input type="checkbox"/> Trust funds		<input type="checkbox"/> Equity in partnerships	
<input type="checkbox"/> Private insurance (premiums pd)		<input type="checkbox"/> Options	
<input type="checkbox"/> Educational plans (premiums pd)		<input type="checkbox"/> Others	
<i>Total Php:</i>			

B.2.2 Other Personal Property	Acquisition Cost	B.2.3 Liability	Outstanding Balance
<input type="checkbox"/> Cash on hand/Bank accounts	110,000.00	<input type="checkbox"/> Personal loans	N/A
<input type="checkbox"/> Receivables		<input type="checkbox"/> Bank loans	
<input type="checkbox"/> Deposits/advanced payments on leases/rentals		<input type="checkbox"/> Accounts payables	
<input type="checkbox"/> Furniture, antiques		<input type="checkbox"/> GSIS, PAGIBIG loans	
<input type="checkbox"/> Jewelry		<input type="checkbox"/> Mortgage payables	
<input type="checkbox"/> Equity in installment purchases		<input type="checkbox"/> Surety liabilities	
<input type="checkbox"/> Intellectual properties		<input type="checkbox"/> Guaranty liabilities	
<input type="checkbox"/> Others		<input type="checkbox"/> Judgment debts	
<input type="checkbox"/> APPLIANCES & WARES	120,000.00	<input type="checkbox"/> Loans from other institutions	
<input type="checkbox"/> CAMERA	17,000.00	<input type="checkbox"/> Others	
Total Php:	247,000.00	Total Php:	

3. Net Worth: Declarant/Spouse/Declarant's Children Below 18 Years of Age in Declarant's Household

Reference Section	Net Worth	At Historical Value ¹ (Php)
B1	Total Real Properties and Motor Vehicles	114,500.00
B2.1	add: Total Investments	
B2.2	Total Other Personal Properties	247,000.00
B2.3	deduct: Total Liabilities	
	Total Php:	361,500.00

¹ Acquisition costs of Real Properties and Vehicles, and Investments and Other Personal Properties; less total outstanding balance of Liabilities

C. BUSINESS INTERESTS AND FINANCIAL CONNECTIONS OF DECLARANT/SPOUSE/DECLARANT'S CHILDREN BELOW 18 YEARS OF AGE LIVING IN THE HOUSEHOLD OF DECLARANT (USE ADDITIONAL SHEET IF NECESSARY)

Instruction: Declare each item which generates gross annual receipts of Php 50,000 or more. Items with less value may be declared in lump sum as "Others". However, if "Others" amounts to more than Php 100,000, each item must be listed

☐ I have no business interests and financial connections to declare pertaining to me/my spouse/my children below 18 years of age living in my household.

Declarant, Spouse, or Child (Put Name)	Name of Entity	Address	Nature of Business Interest/Financial Connection	Date of Acquisition/Connection
N/A				

D. DECLARANT'S RELATIVES IN THE GOVERNMENT (USE ADDITIONAL SHEET IF NECESSARY)

Instruction: Up to the 4th civil degree of relationship, either of consanguinity or affinity, including bilas, inso and balae

☐ I don't know of any relatives in Government.

Name of Relative	Relationship	Position	Office/Address
REBECCA O. MONTALBAN	SISTER	DISTRICT NURSE	WESTERN LEYTE GENERAL HOSPITAL

E. STATEMENT

I hereby certify to the best of my knowledge and information that these are complete and true statements of my assets, liabilities, net worth, business interests, and financial connections, including those of my spouse and my children below 18 years of age living in my household, and the names of my relatives in the Government, as of DECEMBER 2007, as required by and in accordance with Republic Act No. 6713. I further certify that no assets, liabilities, business interests, financial connections, and relatives in the Government other than those declared herein are known to me, my spouse, and my children below 18 years of age living in my household.

I hereby authorize the Ombudsman or his duly authorized representative to obtain and secure from all appropriate government agencies, including the Bureau of Internal Revenue, such documents that may show such assets, liabilities, net worth, business interests, and financial connections, including those of my spouse and my children below 18 years of age living in my household, covering previous years, including the year I first assumed office in Government.

I further undertake to produce all supporting documents for each of the entries herein made when required.

Declarant's Signature: [Signature] Date JUNE 10, 2008 TIN: : 915 327 307

Community Tax Cert No: 22018007 Issued In: BAYBAY CITY, LEYTE Issued On: MAY 7, 2008

In case of joint filing:

Spouse's Signature: _____ Date _____ TIN: _____

Community Tax Cert No: _____ Issued In: _____ Issued On: _____

SUBSCRIBED AND SWORN TO before me on this 30th day of June, 20 08,
affiant(s) exhibiting his/her/their Community Tax Certificate(s) as indicated above.

[Signature]
MICHELLE M. [Signature]
(Person Administering Oath)
CLERK OF COURT VI
RTC, BRANCH 14, BAYBAY CITY