

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: SUYOM SHERYL M.  
(Family Name) (First Name) (M. I.)  
ADDRESS BRGY. STA. CRUZ, BAYBAY CITY,  
LEYTE  
SPOUSE: N/A  
(Family Name) (First Name) (M. I.)

POSITION: ADMIN. AIDE III  
AGENCY/OFFICE: DPM  
OFFICE ADDRESS: Visayas State University  
Visca, Baybay City, Leyte  
POSITION: N/A  
AGENCY/OFFICE:  
OFFICE ADDRESS:

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

NAME	DATE OF BIRTH	AGE
N/A		

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 <small>(e.g. lot, house and lot, condominium and immovable)</small>	KIND <small>(e.g. residential, commercial, industrial, agricultural and mixed)</small>	EXACT LOCATION	ASSESSED VALUE <small>(As found in the Tax Declaration of Real Property)</small>	CURRENT FAIR MARKET VALUE	ACQUISITION		ACQUISITION COST
					YEAR	MODE	
N/A							

Subtotal: P N/A -

b. Personal Properties\*

DESCRIPTION	YEAR ACQUIRED	ACQUISITION COST/ AMOUNT
REFRIGERATOR	2014	12,000.00
CELLPHONE	2018	18,000.00
CELLPHONE	2019	13,000.00
FURNITURES AND FIXTURES	2017, 2018, 2019	35,000.00
Cash		40,000.00

Subtotal: P 118,000.00

TOTAL ASSETS (a + b): 118,000.00

2. LIABILITIES\*

NATURE	NAME OF CREDITORS	OUTSTANDING BALANCE
CONSOL LOAN	GSIS	14,736.00
EMERGENCY LOAN	GSIS	32,351.00

TOTAL LIABILITIES: 47,087.00

NETWORTH : Total Assets Less Total Liabilities = 70,913.00

\*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 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)

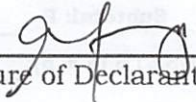
☐ I/ We do not know of any relative/s in the government service.

NAME OF RELATIVE	RELATIONSHIP	POSITION	NAME OF AGENCY/OFFICE AND ADDRESS
MICHAEL M. SUYOM	BROTHER	Forest Technician	DENR PALO
MARCK ANTHONY M. SUYOM	BROTHER	Senior Education Program Specialist II	DEPED BAYBAY CITY DIVISION
SYLVAN M. SUYOM	BROTHER	Statistician I	DENR ROVIII
SARAH MAE S. MABULAY	SISTER	Teacher III	DEPED BAYBAY CITY DIVISION

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 : April 12, 2021

  
(Signature of Declarant)

N/A

(Signature of Co-Declarant/Spouse)

Government Issued ID: Driver's License

ID No. : H12-15-001437

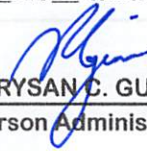
Date Issued: 6/18/2018

Government Issued ID: \_\_\_\_\_

ID No. : \_\_\_\_\_

Date Issued: \_\_\_\_\_

SUBSCRIBED AND SWORN to before me this 4 day of APR 2021 affiant exhibiting to me the above-stated government issued identification card.

  
RYSAN C. GUINOCOR  
(Person Administering Oath)