SWORN STATEMENT OF ASSETS, LIABILITIES AND NET WORTH

As of December 31, 2019

(Required by R.A. 6713)

Note: Husband and wife who are both public officials and employees may file the required statements jointly or separately. ☐ Separate Filing Not Applicable ☐ Joint Filing Delfin Jr Instructor -I DECLARANT: Cabardo AGENCY/OFFICE: College of Veterinary Medicine (Family Name) (First Name) (M.I.) OFFICE ADDRESS: Visayas State University, Visca ADDRESS. Brgy. Santo Rosario Baybay City Leyte Baybay City Leyte POSITION: N/A SPOUSE: N/A (Family Name) (M.I.) AGENCY/OFFICE: (First Name) OFFICE ADDRESS: UNMARRIED CHILDREN BELOW EIGHTEEN (18) YEARS OF AGE LIVING IN DECLARANT'S HOUSEHOLD DATE OF BIRTH AGE NAME N/A 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 **Real Properties*** a. ACQUISITION ACQUISITION DESCRIPTION KIND EXACT ASSESSED CURRENT FAIR (e.g. lot, house and lot, condominium LOCATION VALUE MARKET VALUE COST (As found in the Tax Declaration of Real Property)

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agricultural and mixed

N/A

N/A

and improvements)

N/A

DESCRIPTION	YEAR ACQUIRED	ACQUISITION COST/AMOUNT
Clothes, Shoes, bag	2017-2019	17,000.00
LENOVO LAPTOP	2018	22,820.00
PRULIFE UK	2018	32,000.00
SSS	2016	41,830.00
iPhone 7 plus cellular phone	2019	47,976.00
Apple 12w fast charger	2019	1,090.00
iPhone 7 plus case	2019	1,690.00
VSU credit Cooperative Share Capital	2019	28,500.00
VSU credit Cooperative Cash Deposit	2019	3500.00

N/A

Subtotal:

YEAR

N/A

N/A

MODE

Cash

Cash Subtotal:

196, 406.00

N/A

TOTAL ASSETS (a+b): 196, 406.00

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

2. LIABILITIES*

NATURE	NAME OF CREDITORS	OUTSTANDING BALANCE	
Credit card	Eastwest bank	15,562.20	
Credit card	Metrobank	11,249.48	
Credit card	RCBC	24,678.66	
Cash	CVM Clinic	18,000.00	
Globe Plan	Globe	32, 382.00	
The state of the s	TOTAL LIABILITIES:	101,872.34	

NET WORTH: Total Assets less Total Liabilities = 94,533.66

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	
PAG-IBIG FUND	DATE OF BIRES	Member/ Contributor	January 2019	
VSU Credit Cooperative	Visayas State University	Member/ Contributor	June 2019	

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
Maria Rosario O. Cabardo	Sibling	Nurse (JOB ORDER)	VSU 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: February 10	, 2020	Transfer in			
22.520.00		APTOP			
(Signature of Declarant)		(Signature of Co-Declarant/ Spouse)	(Signature of Co-Declarant/ Spouse)		
Government Issued I	D: PRC	Government Issued ID:	SSS		
ID No.:	8884	ID No.:	i Frome Z.		
Date Issued:	8/13/2019 .	Date Issued:	VIC. 7 allow A		
	10.	EED again			
SUBSCRIBED	AND SWORN to before me		ne the above-		
stated government	issued identification card.	Mari			
		ATTY. RYSAN C. GUINOCOR			
		(Person Administering Oath)			

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