SWORN STATEMENT OF ASSETS, LIABILITIES AND NET WORTH

As of February 28,2017

(Required by R.A. 6713)

| Note. 11 | Joint Filing | о аге вын ривис (| Separate Filing | gees may jue in | Not Applicable | | ly or separately. | |
|--|---|-------------------|---|-------------------------|-------------------------|------------------------|---|--|
| | | | Separate Pang | | пот пррисиви | | | |
| DECLARANT: | Villas | Me-an | D. | _ | POSITION: Ad | | inistrative Assistant II | |
| | (Family Name) (First Name) | | (M. I.) | | AGENCY/OFFICE | : VISA | YAS STATE UNIVERSITY | |
| | 101.01.5 | | OFFICE ADDRESS: | s: VISA | YAS STATE UNIVERSITY | | | |
| ADDRESS | 461 Sta. Barbara St. Inopacan, Leyte | | | - | VISC | CA, BAYBAY CITY, LEYTE | | |
| SPOUSE: | Villas | Norman | O. (M. I.) | _ | DOGUMAN | - | | |
| Sr Cose. | (Family Name) | (First Name) | | _ | POSITION: AGENCY/OFFICE | | Computer Programmer I VISAYAS STATE UNIVERSITY VISAYAS STATE UNIVERSITY | |
| | | | | | OFFICE ADDRES | - | | |
| | | | | | | - | CA, BAYBAY CITY, LEYTE | |
| UNMAR | RIED CHILDREN | BELOW EIGHT | EEN (18) YEAR: | S OF AGE LIV | VING IN DECLA | RANT'S | HOUSEHOLD | |
| | NAME | | | | DATE OF B | AGE | | |
| | Gabrielle Normaine D. Villas | | | - | January 3, 2012 | | 5 | |
| | | | | _ | | | | |
| | | | | | | | - | |
| | (In also ding the acc | | S, LIABILITIES and unmarried chi | | | | | |
| 1. ASSETS a. Real Prope | erties* | | g in declarant's h | CURRENT | | | | |
| DESCRIPTION | KIND | LOCATION | ASSESSED VALUE | FAIR MARKET VALUE | ACQUISITION YEAR MODE | | ACQUISITION COST | |
| (e.g. lot, house and lot condominium and improvements) | (e.g. residential, commercial, industrial, agricultural and mixed | | (As found in the Tax Real Prop | | | | | |
| none | | | | | | | | |
| | | | | | Sub | total: P | 0 | |
| b. Personal F | Properties* | | | | | | | |
| | | | | | | | ACQUISITION COST/ | |
| DESCRIPTION | | | | YEAR ACQUIRED | | | AMOUNT | |
| Laptop | | | | 2011 | | | 18,000.00 | |
| Gadgets | | | | 2015 | | | 8,000.00 | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | Subtotal: P | | 26,000.00 | |
| 2. LIABILITIES | * | | | , | TOTAL ASSETS | 3 (a + b): | 26,000.00 | |
| 2. DIABILITIES | | DP | | NAM | E OF CREDITOR | 26 | OUTSTANDING | |
| NATURE | | | | NAM | E OF CREDITOR | | BALANCE | |
| none | | | | - | | | | |
| | | | | - | | | | |
| | | | | | TOTAL LIABII | LITIES: | 0 | |
| | | | WETWODTH . | Total Assets | Tone Makel Ties | 11141 | | |

BUSINESS INTERESTS AND FINANCIAL CONNECTIONS

(of Declarant/ Declarant's spouse/ Unmarried Children Below Eighteen(18) years of Age Living in Declarant Household) oxdot I/We do not have any business interest or financial connection. DATE OF NATURE OF BUSINESS NAME OF ENTITY/BUSINESS ACQUISITION OF **BUSINESS ADDRESS** INTEREST &/OR ENTERPRISE INTEREST OR FINANCIAL CONNECTION 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 relautive/s in the government service. NAME OF AGENCY/OFFICE AND NAME OF RELATIVE RELATIONSHIP POSITION **ADDRESS** Naisa D. Ybañez Sister Teacher I DEPED 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 aboveenumerated 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. February 21,2017 (Signature of Declarant) (Signature of Co-Declarant/Spouse) Government Issued Government Issued ID No. : 12-05-1032775-1 ID No. : Date Issued: 1/15/2015 Date Issued: day of **FEB 2 1 2017** SUBSCRIBED AND SWORN to before me this 2017, affiant exhibiting to me the above-stated government issued identification card. ATTY. RYSAN C. GUINOCOR

(Person Administering Oath)