## SWORN STATEMENT OF ASSETS, LIABILITIES AND NET WORTH

Note: Husband and wife who are both public officials and employees may file the required statements jointly or separately.

As of December 31, 2018

(Required by R.A. 6713)

□ Joint Filing ■ Separate Filing ✓ Not Applicable DECLARANT: OMEGA RANDY G. POSITION: INSTRUCTOR III (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

# ASSETS, LIABILITIES AND NETWORTH

DATE OF BIRTH

NA

(Including those of the spouse and unmarried children below eighteen (18) years of age living in declarant's household)

#### 1. ASSETS

### a. Real Properties\*

NAME

NA

DESCRIPTION (e.g. lot, house and	(e.g. residential, commercial, industrial.	EXACT LOCATION	ASSESSED VALUE	CURRENT FAIR MARKET VALUE	AC	QUISITION	ACQUISITION
lot, condominium and improvements)	agricultural and mixed use)		(As found in the Tax Declaration of Real Property)		YEAR	MODE	
HOUSE	RESIDENTIAL	C.M. RECTO ST., BAYBAY CITY, LEYTE	estraportud	parecuone lo	2013	Curfmeteel	300,000
			74 772 702 - 1	702 H 11 1791	-		
							-7,412-01

Subtotal: PhP 30

AGE

NA

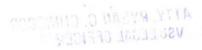
## b. Personal Properties\*

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	75,000

Subtotal: PhP 191,000.00

TOTAL ASSETS (a+b): Php 491,000.00

<sup>\*</sup> Additional sheet/s may be used, if necessary.



#### 2. LIABILITIES\*

NATURE	NAME OF CREDITORS	OUTSTANDING BALANCE
Loan (HELP)	GSIS	PhP 152,000.00
	. vol December 31, 2018	
	and the state of t	

TOTAL LIABILITIES: Php 152,000.00

NET WORTH: Total Assets less Total Liabilities = Php 339,000.00

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

## **BUSINESS INTERESTS AND FINANCIAL CONNECTIONS**

(of 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	SALALARIVIL SOS POR	MANY BUT MUNICIPAL DOLLAR	Vasating dates as FV
	EN		
	F.M.		

## 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
			129E115Q07117.11
	218 S 2-1890AL O		1872

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 9, 2019				
	24			
RANDY G	OMEGA	NA		
(Signature o	of Declarant)	(Signature of Co-Declarant/Spouse)		
Government Issued ID:	VSU ID	Government Issued ID:		
ID No.:	V000374	ID No.:		
Date Issued:		Date Issued:		
SUBSCRIBED AND ST	WORN to before me this	JAN 1 6 2019day of, affiant exhibiting to me the above-stated		
government issued identific	cation card.	ATT Man		
		(Persol Sud God Stoff Fy Cop oth)		