## SWORN STATEMENT OF ASSETS, LIABILITIES AND NET WORTH

As of December 31, 2016

(Required by R.A. 6713)

20 40 82	Joint Filing	ugus o Uns	Separate Filing		Not Applica	ble	VALUE OF ENTIRY
ECLARANT:	VILLAFUERTI	E JENELYN	S.	NESS ALON	POSITION:	SU	BSTITUTE INSTRUCTOR
algorithm (E.A.) L. Styll,	(Family Name)	(First Name)	(M. I.)		AGENCY/OFF	CE: VIS	SAYAS STATE UNIVERSIT
DDRESS	BRGY. MALIGAY	A MAHAPLAG, LE	YTE	A\M	OFFICE ADDR	ESS: VIS	SCA, BAYBAY CITY, LEYT
POUSE:	N/A				POSITION:	_	• • • • • • • • • • • • • • • • • • • •
	(Family Name)	(First Name)	(M. I.)		AGENCY/OFF OFFICE ADDR		
UNMAR	RIED CHILDREN	AND STREET, INC.			A REPORT OF THE PARTY OF		
	N/A	NAME		Consangueri	DATE OI		AGE N/A
	ment services	s in the govern	any relamine/	not kn <b>o</b> rv of	.] I/We do i	1 .	
GYN AO'A	at the control of the family of the second	of the spouse and living	LIABILITIES A l unmarried chil in declarant's h	dren below e	ighteen (18) y	ears of age	seuro remoderni, its como come
. ASSETS	FES MAHAPLAGLES	MEUJIM			COUSIN		IVY JOY C. DE ASIS
a. Real Prop	erties*	GAWAD MALIG	BARANGAY KA		мотнек	RTE	CESARIAS, VILLAFUE
DESCRIPTION	KIND	EXACT LOCATION	ASSESSED VALUE	CURRENT FAIR MARKET VALUE	ACQUISITION		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		YEAR	MODE	
N/A	7 Jon a N/A dell	N/A sa ymr 30 am	N/A 1.9T	N/A	N/A	N/A	A/Microby c
- wia Now	ledge, the above	ost of my knov	d that to the i	uschold, an	od vm ni gi	age livii	eignteen (13) years o
b. Personal l	Properties*		ner dida anila	their mornio		Subtotal: P	me wileyari i
0.55	DESCRIE				EAR ACQUIRE		ACQUISITION COST
APTOP		OAL VIII SEL OUE (E)	reguluugu Emment	office in or	2019	vear Litrs	P21,000
						2020	Date: FEBRUARY 3,
						- A	
	and the second s					- *	+
		ture of Co-Bodas	radis)	X	TOTAL ASS	Subtotal: P ETS (a + b)	21,000.0 21,000.0
	*		Government	NAM	E OF CREDIT	VIT	Doubel transport
. LIABILITIES	NATU	RE					BALANCE
	NATU	RE		N/A			N/A
/A	NATU	itle 0100	To yeb	N/A	RN to befor	AND SWC	A/N -
	an exhibiting to	2019 of C	Till. i	e me this	PRN to berou ed identific		A/N - SUBSCRIBEL above-stated govern

## **BUSINESS INTERESTS AND FINANCIAL CONNECTIONS**

(of Declarant/ Declarant's spouse/ Unmarried Children Below Eighteen(18) years of Age Living in Declarant Household)

 $igspace{1}{2}$  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
TYPI NID ABY NA PIN PRATO	N/A	N/A	N/A
	in in agrandam van version version van version van version van version version van version		
	.RO111804	MM) topic (Single Name) (MM)	AW as
PREE	0.6.20 PO		

## 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 RELATIVE	RELATIONSHIP	POSITION	NAME OF AGENCY/OFFICE AND ADDRESS	
IVY JOY C. DE ASIS	COUSIN	TEACHER	HILUSIG ES, MAHAPLAG LEYTE	
CESARIA S. VILLAFUERTE	MOTHER	BARANGAY KAGAWAD	MALIGAYA, MAHAPLAG LEYTE	
	The Thirty of			
North Company of the Samuel Sa	TEAN TEAN TEAN TO THE TEAN TEAN TEAN TEAN TEAN TEAN TEAN TEA	TOTAL MOST	The same the Montagon	

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.

years to include the	e year i mist assumed office in gov	eriment.	
Date: FEBRUARY 3	3, 2020		
	An		
	1		
(Signature	of Declarant)	(Signature	e of Co-Declarant/Spouse)
21,300,00	TOTAL ASSETS & SA		
Government Issued	TIN	Government Issu	ied ID:
ID No. : A	350-970-549	ID No.:	TO STANK
Date Issued:	12.10.18	Date Issued:	
4.4.	The state of the s	EB 1 1 2020	
SUBSCRIBED	AND SWORN to before me this	day of	2019 affiant exhibiting to me the
above-stated govern	ment issued identification card.		
			Mar
	TOTAL DABILITIES.	7-	RYSAN C SUINOCOR
	ofel Assets Less Total Mathities		Person Adin nistering Oath)