SWORN STATEMENT OF ASSETS, LIABILITIES AND NET WORTH

As of **December 2019**-3

(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 lotal .q sets POSITION: ADMINISTRATIVE AIDE IV DECLARANT: VISTAL PEARL VISAYAS STATE UNIVERSITY AGENCY/OFFICE: (Family Name) (First Name) (M.I.) OFFICE ADDRESS: ADDRESS: DEPARTMENT OF FOOD BRGY. GABAS, BAYBAY CITY, LEYTE SCIENCE & TECHNOLOGY N/A SPOUSE: 0. VISTAL MARVIN (M.I.) AGENCY/OFFICE: N/A (Family Name) (First Name) OFFICE ADDRESS: N/A UNMARRIED CHILDREN BELOW EIGHTEEN (18) YEARS OF AGE LIVING IN DECLARANT'S HOUSEHOLD

| NAME | DATE OF BIRTH | AGE | |
|---------------------|-------------------|-----|--|
| CASSANDRA P. VISTAL | NOVEMBER 28, 2017 | 12 | |
| VIANNEY P. VISTAL | OCTOBER 10, 2010 | 9 | |

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 (e.g. lot, house and lot, condominium and improvements) (c.g. residential, commercial, industrial, agricultural and mixed use) | | EXACT LOCATION | ASSESSED VALUE | CURRENT FAIR MARKET VALUE | | | ACQUISITION |
|---|-------------|------------------------------|---|---------------------------|------|-----------------|-------------|
| | | | (As found in the Tax Declaration of Real Property) | | YEAR | MODE | |
| HOUSE & LOT | RESIDENTIAL | GABAS, BAYBAY CITY, LEYTE | 400,000.00 | 500,000.00 | 2010 | CASH | |
| LOT | RESIDENTIAL | GABAS, BAYBAY CITY, LEYTE | 200,000.00 | 300,000.00 | 2017 | INSTALLM ENT | 130,000.00 |

Subtotal: 430,000.00

b. Personal Properties*

| DESCRIPTION | YEAR ACQUIRED | ACQUISITION COST/AMOUNT |
|--------------|---------------|-------------------------|
| TV | 2012 | 15,000.00 |
| LAPTOP | 2010 | 15,000.00 |
| MOTORCYCLE | 2010 | 60,000.00 |
| PICK-UP CAR | 2018 | 150,000.00 |
| CASH IN BANK | 2018 | 55,000.00 |
| | OAH | |

Subtotal: 295,000.00

TOTAL ASSETS (a+b):

725,000.00

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

2. LIABILITIES*

| NATURE | NAME OF CREDITORS | OUTSTANDING BALANCE |
|---|-------------------|-------------------------------|
| NONE | AssimenantingA | |
| | HIP AS MOST THE | |
| 1, 79 1 1 2 2 1 1 1 1 1 2 1 1 1 1 1 1 1 1 1 | | and offer management for some |

TOTAL LIABILITIES: 0.00

NET WORTH: Total Assets less Total Liabilities = 725,000.00

* 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's Household) ☐ I/ We do not have any business interest or financial connection.

| NAME OF ENTITY/BUSINESS ENTERPRISE | | | DATE OF ACQUISITION OF INTEREST OR CONNECTION |
|---------------------------------------|-----------------|---------------------------|--|
| NONE | | | |
| CIARANTS ROUNSHOLD | SO SERVING TO S | STATE STATE STREET, WORKE | ONWARIGISD CHIEDIOSA |
| 20A | DATE OF BIRTH | AME | |
| | | | |

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 | |
|----------------------|-------------------|--------------------|-----------------------------------|--|
| NONE | ant's lumedialely | or Fring in declar | years of a | |
| | | | ASSETS | |
| | | 192 | facility next loos) | |
| | | | | |
| Marrieteopa Morriete | CUBRICHT PAIR AC | 41.488380A | TOAXE ONLY PROTESTED | |

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 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: MARC | CH 9, 2020 | | |
|--|--|-----------------------------------|---------------------|
| | for any | | |
| PEA | RI P. VISTAL | | |
| (Signal) | ature of Declarant) | (Signature of Co-Declarant) | Spouse) |
| Government Issued ID: | VSU ID | Government Issued ID: | |
| ID No.: | V00902 | ID No.: | |
| Date Issued: | 18/11/2012 | Date Issued: | APLACE ZELECAC |
| | | MAR 1 2 2020 | |
| SUBSCRIBED AN government issued ide | ID SWORN to before mentification card. | e thisday ofaffiant exhibiting to | me the above-stated |

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(Person Administering Oath)