SWORN STATEMENT OF ASSETS, LIABILITIES AND NET WORTH As of (Required by R.A. 6713) Note: Husband and wife who are both public officials and employees may file the required statements jointly or separately. ☐ Joint Filing ☐ Separate Filing □ Not Applicable DECL ANT: GEREBISE MA. ROSA DE LIMA INSTRUCTOR 1 C POSITION: (Family Name) (First Name) (M.I.) AGENCY/OFFICE: DEPARTMENT OF AHIMAL SCIENCE ADDR OFFICE ADDRESS: S: BKGY. GUADALUPE, BAYBAY CITY, LEYTE SPOUS POSITION: (Family Name) (First Name) (M.I.) AGENCY/OFFICE: OFFICE ADDRESS: ARRIED CHILDREN BELOW EIGHTEEN (18) YEARS OF AGE LIVING IN DECLARANT'S HOUSEHOLD UN NAME DATE OF BIRTH AGE ASSETS, LIABILITIES AND NETWORTH (Including those of the spouse and unmarried children below eighteen (18) years of age living in declarant's household) 1. A ETS a. Real Properties* DESC PTION LOCATION ASSESSED KIND CURRENT FAIR **ACQUISITION ACQUISITION COST** (e.g. lot lot, co and im (e.g. residential, use and VALUE MARKET VALUE ninium ements) commercial, industrial, agricultural and mixed (As found in the Tax Declaration of Real Property) YEAR MODE HA Subtotal: b. ersonal Properties* DESCRIPTION YEAR ACQUIRED ACQUISITION COST/AMOUNT SAMSUNG 7 19,000-00 HET BOOK 2010 BKOTHEK PRINTER 2013 3,999-00

2. L BILITIES*

NATURE	NAME OF CREDITORS	OUTSTANDING BALANCE
OF TEEN IN CHARGE AH	"	

TOTAL LIABILITIES:

Subtotal:

TOTAL ASSETS (a+b):

NET WORTH: Total Assets less Total Liabilities = デ 22, 999. 00

7 22,999.00

7 22, 999.00

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

BUSIN S 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
HA			
			-

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 UNCLE	POSITION	NAME OF AGENCY/OFFICE AND ADDRESS	
JOSE V- CAPUNO		ADMIN AIDE I	INSTITUTE OF HUMAN KINETICS / USD, BAYBAY	
			CITY, LEYTE	
			1	

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:	,			
Jul	RH			
(Signat	ure of Declarant)	(Signature of Co-Declarant/Spouse)		
Government Issued ID: ID No.: Date Issued:	VOTER'S TO PRC 1D 0011627 AUGUST 27, 2010	Government Issued ID: ID No.: Date Issued:		
SUBSCRIBED ANI government issued iden	SWORN to before me this _	Quy of 5 2013, affiant exhibiting to me the above-stated		
		OFFICER IN CHARGE (Person Administering Oath)		