

SWORN STATEMENT OF ASSETS, LIABILITIES AND NET WORTH

As of December 31, 2023  
(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

DECLARANT:	BRAGA	ROMMEL	D.	POSITION:	ADMINISTRATIVE AIDE III
	(Family Name)	(First Name)	(M.I.)	AGENCY/OFFICE:	VISAYAS STATE UNIVERSITY
ADDRESS:	BRGY. GUADALUPE	BAYBAY CITY, LEYTE		OFFICE ADDRESS:	VISCA, BAYBAY CITY, LEYTE
SPOUSE:	BRAGA	FLORES	B.	POSITION:	DECEASED
	(Family Name)	(First Name)	(M.I.)	AGENCY/OFFICE:	
				OFFICE ADDRESS:	

UNMARRIED CHILDREN BELOW EIGHTEEN (18) YEARS OF AGE LIVING IN DECLARANT'S HOUSEHOLD

NAME	DATE OF BIRTH	AGE
RONALD JAMES B. BRAGA	NOV. 20, 2009	15

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 <small>(e.g. lot, house and lot, condominium and improvements)</small>	KIND <small>(e.g. residential, commercial, industrial, agricultural and mixed use)</small>	EXACT LOCATION	ASSESSED VALUE	CURRENT FAIR MARKET VALUE	ACQUISITION		ACQUISITION COST
			<small>(As found in the Tax Declaration of Real Property)</small>		YEAR	MODE	
HOUSE	RESIDENTIAL	BRGY. GUADALUPE, BAYBAY CITY, LEYTE	130,000	250,000	2013	ACQUIRED	250,000.00

Subtotal: 250,000.00

b. Personal Properties\*

DESCRIPTION	YEAR ACQUIRED	ACQUISITION COST/AMOUNT
REFRIGERATOR	2002	8,000.00
SALA SET	2005	8,000.00
MOTORCYCLE	2013	20,000.00
COMPONENT STEREO	2016	6,000.00
WASHING MACHINE	2016	8,000.00

Subtotal : 50,000.00

TOTAL ASSETS (a+b): 300,000.00

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



2. LIABILITIES\*

NATURE	NAME OF CREDITORS	OUTSTANDING BALANCE
MULTIPURPOSE LOAN	GSIS	140,000.00
HELP LOAN	GSIS	100,000.00

TOTAL LIABILITIES: 240,000.00

NET WORTH : Total Assets less Total Liabilities = 60,000.00

\* 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	BUSINESS ADDRESS	NATURE OF BUSINESS INTEREST &/OR FINANCIAL CONNECTION	DATE OF ACQUISITION OF INTEREST OR CONNECTION
NA	NA	NA	NA
NA	NA	NA	NA
NA	NA	NA	NA
NA	NA	NA	NA

RELATIVES IN THE GOVERNMENT SERVICE

(Within the Fourth Degree of Consanguinity or Affinity. Include also Bilas, Balae and Inso)

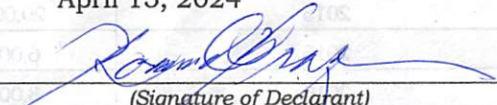
☐ I/ We do not know of any relative/s in the government service)

NAME OF RELATIVE	RELATIONSHIP	POSITION	NAME OF AGENCY/OFFICE AND ADDRESS
MARIA ROBERTA S. MIRAFLORE	COUSIN	ADMIN. OFFICER II	RECORDS
ALFREDO BRAGA	COUSIN	ADMIN. ASSIST. II	POWER HOUSE

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: April 15, 2024


  
(Signature of Declarant)

Government Issued ID: VSU ID  
ID No.: V000114  
Date Issued:

NA  
(Signature of Co-Declarant/ Spouse)

Government Issued ID: N/A  
ID No.: N/A  
Date Issued: N/A

SUBSCRIBED AND SWORN to before me this 15 APR 2024 day of , affiant exhibiting to me the above-stated government issued identification card.

  
(Person Administering Oath)