SWORN STATEMENT OF ASSETS, LIABILITIES AND NET WORTH

As of <u>DECEMBER 31, 2018</u> (Required by R.A. 6713)

| | 3 | Joint Filing | □ Separate | Filing | |
|-----------|-----------------------------|---------------|------------|---|---------------------|
| ECLARANT: | GICA | MAE CLAUDINE | M. | POSITION: | INSTRUCTOR |
| | (Family Name) | (First Name) | (M.I.) | AGENCY/OFFICE: | DDC, VSU |
| DDRESS: | VSU | | | OFFICE ADDRESS: | BAYBAY CITY, LEYTE |
| | ViSCA, BAYBAY CIT | Y, LEYTE | | | |
| POUSE: | NONE | NONE | NONE | POSITION: | |
| | (Family Name) | (First Name) | (M.I.) | AGENCY/OFFICE: | |
| | | | | OFFICE ADDRESS: | |
| UNMARRI | ED CHILDREN B | ELOW EIGHTEEN | (18) YEARS | S OF AGE LIVING IN | DECLARANT'S HOUSEHO |
| UNMARRI | ED CHILDREN B NAM NOI | ИE | (18) YEARS | S OF AGE LIVING IN DATE OF BIRTH NONE | DECLARANT'S HOUSEHO |
| UNMARRI | NAM | ИE | (18) YEARS | DATE OF BIRTH | AGE |

1. ASSETS

a. Real Properties*

| DESCRIPTION (e.g. lot, house and lot, condominium and improvements) | KIND (e.g. residential, commercial, industrial, agricultural and mixed use) | EXACT LOCATION | ASSESSED VALUE | CURRENT FAIR MARKET VALUE | ACQU | ISITION | ACQUISITION |
|--|--|-------------------|---|---------------------------|------|-----------|-------------|
| | | | (As found in the Tax Declaration of Real Property) | | YEAR | MODE | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | 5 | Subtotal: | NA |

b. Personal Properties*

| YEAR ACQUIRED | ACQUISITION COST/AMOUNT |
|---------------|--|
| 2018 | 9,500.00 |
| 2017 | 27,925.00 |
| 2017 | 8,100.00 |
| 2017 | 36,000.00 |
| 2017 | 20,000.00 |
| 2016 | 25,000.00 |
| 2011 | 65,000.00 |
| | 2018 2017 2017 2017 2017 2017 2016 |

Subtotal: PhP 191,525.00

TOTAL ASSETS (a+b): PhP 191,525.00

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

2. LIABILITIES*

| NATURE | NAME OF CREDITORS | OUTSTANDING BALANCE |
|--------|-------------------|---------------------|
| | | |
| | | |
| | | |
| | TOTAL LIABILI | TIES: |

NET WORTH: Total Assets less Total Liabilities =

191 525

313304.4

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 |
|------------------------------------|---|---|---|
| MCG ENTERPRISES | LIPORADA ST. POBLACION, MERIDA, LEYTE | DIRECT SELLING | AUGUST 2015 |
| | | | |

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)

| RELATIONSHIP | POSITION | NAME OF AGENCY/OFFICE AND ADDRESS |
|--------------|--|---|
| AUNTIE | CLERK | DPWH-ORMOC |
| AUNTIE | SUPERVISING ADMINISTRATIVE OFFICER | LTO-ORMOC |
| | AUNTIE | AUNTIE CLERK AUNTIE SUPERVISING ADMINISTRATIVE |

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.

| 81 | , | |
|--|---------------------------------|---|
| Date: | ril 19, 2019 | |
| MAE CL | AUDINE M. GICA | |
| (Signy | ature of Declarant) | (Signature of Co-Declarant/ Spouse) |
| Government Issued ID: ID No.: Date Issued: | VSU V00918 AUGUST 1, 2016 | Government Issued ID: ID No.: Date Issued: |
| SUBSCRIBED AN government issued ide | ND SWORN to before me | thisday of, affiant exhibiting to me the above-stated |

(Person Administering Oath)

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