

SWORN STATEMENT OF ASSETS, LIABILITIES AND NET WORTH

As of November 2024
(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: AGAD NOREVE JEAN M.
(Family Name) (First Name) (M. I.)

POSITION: SCIENCE RESEARCH ASSISTANT

AGENCY/OFFICE: CASL

OFFICE ADDRESS: VSU, VISCA, BAYBAY CITY
LEYTE

ADDRESS BRGY. STA. CRUZ, BAYBAY CITY, LEYTE

SPOUSE: AGAD JERDAN L.
(Family Name) (First Name) (M. I.)

POSITION: ACCREDITED ELECTRICIAN

AGENCY/OFFICE: LEYECO IV

OFFICE ADDRESS: HILONGOS, LEYTE

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

NAME	DATE OF BIRTH	AGE
AMARA EVERDANE M. AGAD	NOVEMBER 24, 2019	4 YEARS OLD
NA	NA	NA

ASSETS, LIABILITIES AND NETWORKTH

(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)	KIND (e.g.residential, commercial, industrial, agricultural and mixed)	EXACT LOCATION	ASSESSED VALUE	CURRENT FAIR MARKET VALUE	ACQUISITION		ACQUISITION COST
			(As found in the Tax Declaration of Real Property)	YEAR	MODE		
N/A	N/A	NA	NA	N/A	N/A	NA	NA

Subtotal: P

b. Personal Properties*

DESCRIPTION	YEAR ACQUIRED	ACQUISITION COST/ AMOUNT
YAMAHA MIO i125 MOTORCYCLE	2017	90,000.00
ACER LAPTOP	2021	23,000.00
OPPO A9 CELLPHONE	2019	6,000.00
SAMSUNG A12 CELLPHONE	2021	9,500.00
FURNITURES	2022-2024	16,000.00
APPLIANCES	2022-2024	25,000.00
CLOTHING, SHOES, APPAREL	2016-2024	16,000.00

Subtotal: P

TOTAL ASSETS (a + b):

185,500.00

2. LIABILITIES*

NATURE	NAME OF CREDITORS	OUTSTANDING BALANCE
Loan Furniture (Dining Set)	Salmon (Home Credit)	12,360.00
Loan	SSS	19,000.00
Loan	SSS	20,000.00

TOTAL LIABILITIES:

51,360.00

NETWORTH : Total Assets Less Total Liabilities =

134,140.00

*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 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
none	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
NELSON S. MALACORA	FATHER	BRGY. KAGAWAD	BRGY. STA. CRUZ, BAYBAY CITY, LEYTE
NECA JANE O. MALACORA	SISTER	PLANNING OFFICER II	BFAR, QUEZON CITY
EDYBETH P. SOPA	COUSIN	TEACHER	DEPED BAYBAY CITY, LEYTE

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.

Date : NOVEMBER 15, 2024

NOREVE JEAN MALACORA - AGAD
(Signature of Declarant)

JENDAY AGAD
(Signature of Co-Declarant/Spouse)

Government Issued Driver's License
ID No. : H12-24-001087
Date Issued: 03-25-2024

Government Issued TIN
ID No. : 450-854-966
Date Issued: 04-24-14

SUBSCRIBED AND SWORN to before me this 13 DEC 2024 day of 2024, affiant exhibiting to me the above-stated government issued identification card.
(Person Administering Oath)