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

VALERIE DECLARANT: VALENZONA C. POSITION: Administrative Officer I (Family Name) (First Name) (M.I.) AGENCY/OFFICE: Cash Office PANGASUGAN BAYBAY CITY, LEYTE ADDRESS: OFFICE ADDRESS: Visayas State University Visca, Baybay City, Leyte VALENZONA ALEMAR N. SPOUSE: (Family Name) (First Name) (M.I.) POSITION: Laborer (J.O.) Department of Agronomy AGENCY/OFFICE: OFFICE ADDRESS: Visayas State University Visca, Baybay City, Leyte

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

NAME	DATE OF BIRTH	AGE	
ALEANNA MARRIE C. VALENZONA	December 01, 2015	8	

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*

(e.g. lot, house and lot, condominium commercial, inc	(e.g. residential,	EXACT	ASSESSED CURRENT FAIR VALUE MARKET VALUE (As found in the Tax Declaration of Real Property)		ACQU	ISITION	ACQUISITION COST
	commercial, industrial, agricultural and mixed use)				YEAR	MODE	
N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.

Subtotal:

b. Personal Properties*

DESCRIPTION	YEAR ACQUIRED	ACQUISITION COST/AMOUNT
Laptop	2018	27,000.00
Cellphone		7,000.00
Printer	2020	7,595.00
Appliances	2020	28,900.00

Subtotal: 70,495.00

TOTAL ASSETS (a + b): Php 70,495.00

2. LIABILITIES*

NATURE	NAME OF CREDITORS	OUTSTANDING BALANCE
Loan	Visayas State University Credit Cooperative (VSUCC)	370,569.59
Loan	GSIS	42,002.01

TOTAL LIABILITIES: Php ___

412,571.60

NET WORTH: Total Assets less Total Liabilities = Php

(342,076.60)

^{*} 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)

2 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 N.A.	
N.A.	N.A.	N.A.		
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RELATIVES IN THE GOVERNMENT SERVICE

(Within the Fourth Degree of Consanguinity or Affinity. Include also Bilas, Balae and Inso) \square I/ We do not know of any relative/s in the government service)

NAME OF RELATIVE	RELATIONSHIP	POSITION	NAME OF AGENCY/OFFICE AND ADDRESS
GEORGE S. CIRCULADO	FATHER	FARM WORKER I	DEPARTMENT OF FORESTRY, VSU, VISCA, BAYBAY CITY, LEYTE
	DARKS HO STAG		MARK

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	12, 2024		
11275	Viulali-	auf.	
(Signa	nture of Declarant)	(Signature of Co-Declarant/ Spouse)	
Government Issued ID: ID No.: Date Issued:	TIN ID CARD 492 - 053 - 316 - 000 Jan. 11, 2018	Government Issued ID: PHILHEALTH ID ID No.: 01-025468572-6 Date Issued:	.d
SUBSCRIBED AND government issued iden	SWORN to before me this tification card.	1 5 App of 024, affiant exhibiting to me the above-sta	ated
		Mani	
		ATTY. RYSAN C. GUINOCOR (Person Administering Oath)	