STATEMENT OF ASSETS, LIABILITIES AND NET WORTH

As of DECEMBER 31, 2018

(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: **OQUIAS** NOEMI ELISA (Family Name) (First Name) (M.I.) ADDRESS: MARCOS. BAYBAY CITY, LEYTE

AGENCY/OFFICE: OFFICE ADDRESS:

INSTRUCTOR I VISAYAS STATE UNIVERSITY VISCA, BAYBAY CITY, LEYTE

SPOUSE:

OQUIAS JAIME JR. B. (Family Name) (First Name) (M.I.)

POSITION: AGENCY/OFFICE: OFFICE ADDRESS:

SYSTEM AND NETWORK ADMINSTRATOR GLOBAL LINK MANGO SQUARE MALL, GEN. MAXILOM, CEBU CITY

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

NAME ZACHARY LUCAS L. OQUIAS

DATE OF BIRTH AUGUST 10, 2018

8 1/2 MONTHS

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

RealProperties*

lot, condominium comme	(c.g. residential, commercial, industrial.		ASSESSED VALUE	CURRENT FAIR MARKET VALUE	ACQU	ACQUISITION	ACQUISITION COST
	agricultural and mixed use)		(As found in the Tax Declaration of Real Property)		YEAR I	MODE	core at all assess the back
NA	NA	NA	NA	NA	NA	NA	NA

Subtotal:

b. Personal Properties*

DESCRIPTION	YEAR ACQUIRED	ACQUISITION COST/AMOUNT
Laptop	2016	P20,000.00
Electronic Gadgets	2016-2019	P71,500.00
Motorcycle	2013	P65,000.00
Jewelries	2014-2019	P55,400.00
Baby's crib, walker, clothes & carrier	2018	P32, 200.00
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TOTAL ASSETS (a+b):

2. LIABILITIES*

NATURE	NAME OF CREDITORS	OUTSTANDING BALANCE	
LIFE INSURANCE	INSULAR LIFE	5,000 PER QUARTER	
NA		5,000 I ER QUARTER	

TOTAL LIABILITIES:

224.In

NET WORTH: Total Assets less Total Liabilities =

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

BUSINESSINTERESTSANDFINANCIALCONNECTIONS

(of Declarant's spouse/ Unmarried Children Below Eighteen (18) years of Age Living in Declarant's Household) \square 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	

RELATIVESINTHEGOVERNMENTSERVICE

(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
ALVIN P. LESIDAN	Cousin	Teacher	Dep.Ed/Baybay
JAMES ROY P. LESIDAN	Cousin	Instructor I	DMPS/Visca, Baybay
RAMON HERNANDEZ	Uncle	Master Teacher	Matlang NHS/Isabel, Leyte

Iherebycertify that thesearetrueand correct statementsofmy 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.

Ihereby 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 and unmarried children below 18 years of ageliving with me in my household covering previous years to include the year If ir stass umed of ficeing overnment.

Touch.	
ture of Declarant)	(Signature of Co-Declarant/Spouse)
PRC LICENSE	Government Issued ID:
1111169	ID No.:
January 2012	Date Issued:
	PRC LICENSE

2 9 APR 2019 **SUBSCRIBEDANDSWORN** to before me this _____day of_, affiant exhibiting to me the above-stated government issued identification card.

(PersonAdministering Oath)