287,722.00

## SWORN STATEMENT OF ASSETS, LIABILITIES AND NET WORTH

As of March 2019

(Required by R.A. 6713)

Note: Hu	sband and wife wh	no are both public	officials and employees	s may fil	e the require	d statemen	nts jointly or separately.	
	Joint Filing		Separate Filir	ng	Not Applicable			
DECLARANT:	Mondal	Nelsie	F		POSITION:	A	Administrative Aide III	
	(Family Name)	(First Name)	(M. I.)		AGENCY/OF	_	/SU	
					OFFICE ADD	_	/isca, Baybay City, Leyte	
ADDRESS Brgy. Pangasugan, Baybay City, Leyte				-				
SPOUSE:	Mondal Hernando L.  (Family Name) (First Name) (M. I.)				AGENCY/OFFICE: VSU		sistant Professor II	
							/isca, Baybay City, Leyte	
UNMARR	IED CHILDREN	BELOW EIGHT	TEEN (18) YEARS O	F AGE	LIVING IN	DECLAR	RANT'S HOUSEHOLD	
		NAME			DATE OF BIRTH		AGE	
	Carl Justin F. Mondal				Decemb	er 18, 2008	810 year-Old	
			s, liabilities ani					
1. ASSETS a. Real Pro		e of the spouse	and unmarried child ring in declarant's ho	lren bel	ow eightee	n (18) yea	rs	
DESCRIPTION	KIND	EXACT LOCATION	ASSESSED VALUE	CURRENT FAIR MARKET VALUE	ACQUISITION		ACQUISITION COST	
(e.g. lot, house and lot condominium and improvements)	(e.g. residential, commercial, industrial, agricultural and mixed		(As found in the Tax Declare Real Property)	ation of	YEAR	MODE		
House	Residential	Pangasugan	150,000.00		2013	Cash	150,000.0	
	150-100-15	1					Johnson	
b. Persona	al Properties*					Subtotal:	P 150,000.00	
	DESC	CRIPTION	out C		YEAR ACQ	UIRED	ACQUISITION COST/	
TV	F.1	E 10 TERRIOR	DateTested		2013		Damageo	
Net Book		sipt 1	,	2013			13,800.00	
Washing machine				2013			6,421.00	
Motorcycle Refrigerator				2013 2014			64,980.00 5,831.00	
TV AND MARKET AND MARK				2016			20,990.00	
Laptop (Make provide treatment of the Control of th				2017			18,500.00	
Printer					2017		7,200.0	
						Subtotal:		
2. LIABILITI	ES*			Т	OTAL ASS	ETS (a +	b):287,722.00	
		ATURE	S. 1015 W.	NA	ME OF CRI	DITORS	OUTSTANDING BALANCE	
							N-A	
					TOTAL LL	ARII.ITIP	S: N/A	
		NI	ETWORTH : Total A				(1-1)	

## **BUSINESS INTERESTS AND FINANCIAL CONNECTIONS**

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

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			

## 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 relavtive/s in the government service.

NAME OF RELATIVE	RELATIONSHIP	POSITION	NAME OF AGENCY/OFFICE AND	
N/A	ro return		gen ne	
9-2-1-2			1985	

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: 3/01/20	19		And the state of t		
(Signature of	L Declarant)	(Signature of Co Declarant/Spouse)			
( 3 (	,	( 0	tarte aga 11 a		
Government Issued ID:	Philhealth ID	Government Issue	ed ID: VSU ID		
ID No. :	19-089756322-7	ID No.:	V00810		
Date Issued:	August 16, 2004	Date Issued:	February 6, 2014		
	ID SWORN to before me this ent issued identification card		1 8 20,12 ffiant exhibiting to me the		
			TY RYSANC. GUINOCOR erson Administering Oath)		