

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

DECLARANT: GAMOTIN, GRACIELLE DAWN L.  
(Family Name) (First Name) (M. I.)

POSITION: INSTRUCTOR

AGENCY/OFFICE: DBM

OFFICE ADDRESS: VISAYAS STATE UNIVERSITY

ADDRESS: ZONE 5, M.H DEL PILAR, BAYBAY CITY, LEYTE

BAYBAY CITY, LEYTE

SPOUSE: NONE  
(Family Name) (First Name) (M. I.)

POSITION: NA

AGENCY/OFFICE: NA

OFFICE ADDRESS: NA

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

NAME	DATE OF BIRTH	AGE
NA	NA	NA
NA	NA	NA
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	
NA	NA	NA	NA	NA	NA	NA	NA
NA	NA	NA	NA	NA	NA	NA	NA

Subtotal: P -

b. Personal Properties\*

DESCRIPTION	YEAR ACQUIRED	ACQUISITION COST/ AMOUNT
Laptops, Ipad and sound system	2018-2021	125,500.00
Personal belongings	2018-2021	124,500.00
Ukulele	2015	9,500.00
Accessories	2015	3,500.00
Books	2020-2021	13,500.00
Insurance	2019-2022	185,000.00
Kitchen utensils	2021	15,000.00
St Peter	2019-2021	40,000.00

Subtotal: P 516,500.00

TOTAL ASSETS (a + b): 516,500.00

2. LIABILITIES\*

NATURE	NAME OF CREDITORS	OUTSTANDING BALANCE
Loan	VISCO	200,000.00

TOTAL LIABILITIES: 200,000.00

NETWORTH : Total Assets Less Total Liabilities = 316,500.00

**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
NA	NA	NA	NA
NA	NA	NA	NA
NA	NA	NA	NA
NA	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
Myra L. Aure	Aunt	Public Attorney	Public Attorney's Office
Lucilyn L. Tabrosa	Aunt	Admin Aide	VSU Accounting Office
Jingle L. Matalines	Aunt	Teacher	DepEd Baybay City Division

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 : April 15, 2024  
  
**GRACIELLE DAWN L. GAMOTIN**  
(Signature of Declarant)

N/A  
(Signature of Co-Declarant/Spouse)

Government Issued ID BIR  
ID No. : 473-319-934  
Date Issued: 18/08/2015

Government Issued ID: N/A  
ID No. : N/A  
Date Issued: N/A

SUBSCRIBED AND SWORN to before me this 15 APR 2024 day of 2024 affiant exhibiting to me the above-stated government issued identification card.

  
**RYSAN C. GUINOCOR**  
(Person Administering Oath)