

SWORN STATEMENT OF ASSETS, LIABILITIES AND NET WORTH

As of December 31, 2019

(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:	LINA	DARIO	P.	POSITION:	ASSOCIATE PROFESSOR V
	(Family Name)	(First Name)	(M.I.)	AGENCY/OFFICE:	VSU - DOH
ADDRESS:	APT. 16	VISCA		OFFICE ADDRESS:	DEPT. OF HORTICULTURE
	BAYBAY CITY,	LEYTE			VISCA, BAYBAY CITY, LEYTE
SPOUSE:	LINA	LUCENA	A.	POSITION:	TEACHER 1
	(Family Name)	(First Name)	(M.I.)	AGENCY/OFFICE:	DEPED BAYBAY NHS
				OFFICE ADDRESS:	30 DE DICIEMBRE ST.
					BAYBAY CITY, LEYTE

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

NAME	DATE OF BIRTH	AGE
PRINCE MELSHAZAR A. LINA	7-26-2003	15

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*

DESCRIPTION (e.g. lot, house and lot, condominium and improvements)	KIND (e.g. residential, commercial, industrial, agricultural and mixed use)	EXACT LOCATION	ASSESSED VALUE (As found in the Tax Declaration of Real Property)	CURRENT FAIR MARKET VALUE	ACQUISITION YEAR	ACQUISITION MODE	ACQUISITION COST
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
OPPO Cellphone	2019	17,000.00
Mobile Radio (5 units)	2018	22,000.00
Base radio (2 units)	2017	17,000.00
Air conditioning unit	2018	18,000.00
Sala set	2011	7,000.00
Cabinet	2000	5,000.00
Water dispenser	2018	3,000.00
Electric fan (2 units)	2015	4,000.00
Wristwatch	2019	2,500.00
Kitchen wares	2015	12,500.00
Car	2015	300,000.00
Motorcycle (XRM)	2010	46,000.00

Subtotal : 454,000.00

TOTAL ASSETS (a+b): 454,000.00

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

LIABILITIES*

NATURE	NAME OF CREDITORS	OUTSTANDING BALANCE
Private Lending	PLI	200,000.00
Emergency Loan	VSU CDC	10,000.00
Regular Loan	VSU CDC	75,000.00
Special Loan	VSU CDC	150,000.00

TOTAL LIABILITIES: 435,000.00

NET WORTH : Total Assets less Total Liabilities = 19,000.00

* 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's 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
N/A	N/A	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 relative/s in the government service)

NAME OF RELATIVE	RELATIONSHIP	POSITION	NAME OF AGENCY/OFFICE AND ADDRESS
N/A	N/A	N/A	N/A

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: MARCH 5, 2020

(Signature of Declarant)

Government Issued ID: EMPLOYEE ID
ID No.: V000293
Date Issued: JUNE 2000

(Signature of Co-Declarant/ Spouse)

Government Issued ID: EMPLOYEE ID
ID No.: 4662329
Date Issued: JANUARY 19,2015

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

ATTY. RYSAN C. GUINOCOR
VSU LEGAL OFFICER
(Person Administering Oath)