Unit 2003, OMIM Citra Bldg, San Miguel Ave. Ort.

SWORN STATEMENT OF ASSETS, LIABILITIES AND NET WORTH

As of <u>December 31, 2024</u> (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:	NAZAL	VANESSA	W	POSITION:	ADMINISTRATIVE AIDE III
00.	(Family Name)	(First Name)	(M.I.)	AGENCY/OFFICE:	VISAYAS STATE UNIVERSITY
ADDRESS:	SITIO PANDAN,	BRGY. BITANHUAN		OFFICE ADDRESS:	VISCA, BAYBAY CITY LEYTE
	BAYBAY CITY LEYT	Е		espel, ij necessary. -	
SPOUSE:	NAZAL	GERALD	Α	POSITION:	PROJECT SUPERVISOR
	(Family Name)	(First Name)	(M.I.)	AGENCY/OFFICE:	ROBIG BUILDER'S &
					DEVELOPMENT

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

OFFICE ADDRESS:

NAME HAILEY GEVAN W. NAZAL		DATE OF BIRTH December 2, 2011	AGE 13
AIM	N/A	A N/A	N/A
	N/A	N/A	N/A
	N/A NAME OF A PARTICLE	GVUO aba ha da V N/A	N/A

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 and improvements)	KIND (e.g. residential, commercial, industrial, agricultural and mixed use)	EXACT LOCATION	ASSESSED VALUE	CURRENT FAIR MARKET VALUE	ACQUISITION		ACQUISITION
			(As found in the Tax Declaration of Real Property)		YEAR	MODE	
N/A	N/A	mod ocn/A inch bo	N/A	ri za N/A aivi	N/A	N/A	i) uppN/A
N/A	IOO LON/ADDA	N/A	N/A	N/A	N/A	N/A	DODES N/A
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

b. Personal Properties*

DESCRIPTION DESCRIPTION	YEAR ACQUIRED	ACQUISITION
manuscript of the observance.	Town or absential engineering	COST/AMOUNT
Portable Bluetooth Speaker	2022 – present	1250.00
Cellphone	2023 - present	15,155.00
Jewelry	2023 - present	3,000.00
N/A	N/A	N/A

Subtotal: 19, 405.00

TOTAL ASSETS (a+b):

Subtotal:

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

2. LIABILITIES*

NATURE IN CHARACTER	NAME OF CREDITORS	OUTSTANDING BALANCE
N/A	N/A	N/A
N/A	N/A	N/A
may be the medical terror A/N by or reputably	a telepote the solution A/M felous and employees	N/A
N/A	M/A WARRANGE L. N/A	N/A

TOTAL LIABILITIES:

NET WORTH: Total Assets less Total Liabilities = 19, 405.00

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	
TOTAL TO N/A MARADO	MEARS OF A\N WING REARY	(S) RELEW A\METERN (S)	DIMMAN/RED CALLD	
N/A	N/A	N/A	N/A	
N/A	110919-N/A	N/A W MAV80	MAHAMA N/A	
N/A	N/A	N/A AAV	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
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
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: January 1	3, 2025			
	JAM : 20000 1 10000			
VANE	SSA W. NAZAL	A 3.75		
	ature of Declarant)	(Signature of Co-Declarant/ Spouse)		
strotel: Islotek				
Government Issued ID:	Driver's Licensed	Government Issued ID:		
ID No.:	H-12-19-001-289	ID No.:		
Date Issued:	2/27/2024	Date Issued:		
		* Addition it sheat have my be used of necessary use 1.		

SUBSCRIBED AND SWORN to before me this ___day of _____, 2025 affiant exhibiting to me the above-stated government issued identification card.

KAREN ABEGAIL S. MONTERON (Person Administering Oath)

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