# SWORN STATEMENT OF ASSETS, LIABILITIES AND NET WORTH

#### As of DECEMBER 31, 2020

(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: LAÑADA **EUGENE** B. POSITION: Professor -III (Family Name) (First Name) (M.I.) AGENCY/OFFICE:

ADDRESS: Farmer's Village, VSU Campus

Visca, Baybay, City 6521-A

College of Veterinary Medicine OFFICE ADDRESS: Visayas State University, Visca

Baybay City Leyte

SPOUSE:

LAÑADA **LELA JOANNA** A. (Family Name) (First Name) (M.I.)

POSITION: AGENCY/OFFICE: OFFICE ADDRESS:

N/A N/A N/A

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

NAME DATE OF BIRTH AGE N/A 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

## **Real Properties\***

|                                       |   |                   |   |      | Subtotal:   | N/A         |
|---------------------------------------|---|-------------------|---|------|-------------|-------------|
| Lot                                   | Residential                                   | Guadalupe, Baybay |   | 2012 | inheritance | N/A         |
| and improvements)                     | agricultural and mixed                        |                   | (মুহ ইন্মান in the Tax Declaration of<br>Real Property) | YEAR | , Mode      |             |
| (e.g. lot, house and lot, condominium | (e.g. residential,<br>commercial, industrial. | LOCATION          | VALUE MARKET VALUE                                      |      |             | COST        |
| DESCRIPTION                           | KIND XI                                       | EXACT             | ASSESSED CURRENT FAIR                                   | AC   | MOLLISIÚS   | ACQUISITION |

## b. Personal Properties\*

| DESCRIPTION                                   | WEAR ACQUIRED | Acquisition<br>Cost/amount |
|---|---------------|----------------------------|
| Woodworking tools                             | 1988 – 2011   | 18,000.00                  |
| Home equipment/Appliances/Furniture (various) | 1990 – 2004   | 145,000.00                 |
| Nissan double cab light truck                 | 2000          | 160,000.00                 |
| Motorcycle                                    | 2004          | 41,500.00                  |
| Netbook                                       | 2011          | 14,500.00                  |
| Motorcycle                                    | 2012          | 31,000.00                  |
| Digital cameras (2)                           | 2012          | 46,000.00                  |
| Nissan Terrano                                | 2014          | 190,000.00                 |
| Shop tools/Equipment/Home Appliance           | 2016 – 2017   | 70,000.00                  |
| Bank deposit                                  | 2016          | 1,200,000.00               |

Subtotal: 1,916,000.00

1,916,000.00 TOTAL ASSETS (a+b):

#### 2. LIABILITIES\*

| NATURE           | name of creditors | OUTSTANDING BALANCE |
|------------------|-------------------|---------------------|
| Accounts payable | Various           | 20,000.00           |

TOTAL LIABILITIES:

20,000.00

**NET WORTH: Total Assets less Total Liabilities =** 

1,896,000.00

## BUSINESS INTERESTS AND FINANCIAL CONNECTIONS

(of 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<br>ENTERPRISE | BUSINESS ADDRESS     | NATURE OF BUSINESS<br>INTEREST &/OR FINANCIAL<br>CONNECTION |            | DATE OF ACQUISITION OF<br>INTEREST OR CONNECTION |  |
|---------------------------------------|----------------------|---|------------|--|--|
| N/A                                   | N/A                  | ff.   | N/A        | N/A  |  |
| ear of Veterinary Medicine            | AGENCY/OFFICE COL    | [E88]   |            | (Family Name)                                    |  |
| yas State University. Visca           | OFFICE ADDRESS: Visa |   | VSV Campus | Parmer's Villard                                 |  |
| a Otty Leyte                          | lysel                |   | A-1200 VIA | Jisca, sayyasy, U                                |  |

## RELATIVES IN THE GOVERNMENT SERVICE

(Within the Fourth Degree of Consanguinity or Affinity. Include also Bilas, Balae and Inso)

If We do not know of any relative/s in the government service)

| NAME OF RELATIVE  | RELATIONSHIP | POSITION               | NAME OF AGENCY/OFFICE AND ADDRESS  |
|---|--------------|------------------------|--|
| Eula Dee A. Lañada  | Daughter     | Information Officer II | ATI Region 3, Dinalupihan, Bataan  |
| AVM 5.  | N/A = 111    |                        | A/M  |
|   |              |                        |  |
| Name of the State |              |                        | Manager of the Manage |
|   | ETROWTH C    | PS, LLABELITIES AND    | ASSE   |

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.

| Signa (Signa                                     | Mem Jalen<br>ature of Declarant)   | Lele Jana (Signature of                          | of Co-Declarant/Spouse)   |
|--|--|--|---|
| Government Issued ID:<br>ID No.:<br>Date Issued: | Driver's License (Non-Professional)<br>FO3-90-055498<br>January 25, 2017 | Government Issued ID:<br>ID No.:<br>Date Issued: | Driver's License (Non-Professional)<br>H03-97-028666<br>October 5, 2017 |
| SUBSCRIBED AN<br>government issued idea          | <b>ID SWORN</b> to before me this _ntification card.                     | 2 7 MAY 2021day ofaffiant e                      |   |
|  |  | (Person Administe                                | ering Oath)   |