Revised as of January 2015 Per CSC Resolution No. 1500088 Promulgated on January 23, 2015

SWORN STATEMENT OF ASSETS, LIABILITIES AND NET WORTH

As of DECEMBER 31, 2022

(Required by R.A. 6713)

Note: Husband and wife who are both public officials and employees may file the required statements jointly or separately.

☐ Join	nt Filing	☐ Separ	ate Filing	☑ Not Applica	ible
DECLARANT:	CRUZ	ANTONETTE	S	POSITION:	ADMIN. AIDE VI
	(Family Name)	(First Name)	(M.I.)	AGENCY/OFFICE:	VSU
ADDRESS:	BRGY, TINAG-A	AN, ALBUERA, LE	YTE	OFFICE ADDRESS:	VISCA, BAYBAY
		IA	rin ria		CITY, LEYTE
SPOUSE:	sept sugar	3/17		POSITION:	Samuel Commence
	(Family Name)	(First Name)	(M.I.)	AGENCY/OFFICE: OFFICE ADDRESS:	
	RIED CHILDREN	BELOW EIGHTE	EN (18) YEARS O	OF AGE LIVING IN DECLARANT'S	S HOUSEHOLD
LORAINE M	IAE S. CRUZ		October 24, 2010		12 Y.O.
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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*

ot, condominium commercial, VALUE ACQUISITION COST	DESCRIPTION	KIND LOCATI	EXACT LOCATION	ASSESSED CURRENT FAIR MARKET		ACQUISITION		
ANX NA NA NA NA	(e.g. lot, house and lot, condominium and improvements)	n commercial, industrial,		(As found in the Tax Declaration		YEAR MODE		ACQUISITION COST
JA WA WA WA WA WA	NONE	NA	NA	NA	NA	MA	NA	N/A
	MA	MX	NA .	NA	NA	MA	MX	N/A

b. Personal Properties*

DESCRIPTION	YEAR ACQUIRED	ACQUISITION COST/AMOUNT	
Vehicle, second-hand	2017	225,000.00	
Clothing, shoes, bags, mobile phone	various years	40,000.00	
Clothing, shoes, bags	2022	5,000.00	
N/A	NIA	MA	

Subtotal: 270,000.00

TOTAL ASSETS (a+b): 270,000.00

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

2. LIABILITIES*

NATURE	NAME OF CREDITORS	OUTSTANDING BALANCE 117,624.28	
LOAN	GSIS		
4 1 14	X 1 /A	1 / 11	
N /A	N/A	\ (/A	
14/11	1 9/13	10//3	

TOTAL LIABILITIES:

117,624.28

NET WORTH: Total Assets less Total Liabilities =

152,375.72

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	
none	W C . A	1 1 10	0.1 1.10	
1 \ / /			N / /	
1 3/4 /	1 11 1	1	1 ()	

RELATIVES IN THE GOVERNMENT SERVICE

(Within the Fourth Degree of Consanguinity or Affinity. Include also Bilas, Balae and Inso) \square I/We do not know of any relative/s in the government service)

NAME OF RELATIVE	RELATIONSHIP	POSITION	NAME OF AGENCY/OFFICE AND ADDRESS	
none	X [] X	N \ I A	Y / A	
			1//+	
1	1 11	1		

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 2, 20	023	
· Mass		NA
(Signature of Declar	ant)	(Signature of Co-Declarant/Spouse)
Government Issued ID:	VSU ID	Government Issued ID:
ID No.:	V00944	ID No.:
Date Issued:	NOV. 2, 2016	Date Issued:
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SUBSCRIBED AND SWORN to before me this

affiant exhibiting to me the above-stated government issued identification care

(Person Administering Oath)

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