

SWORN STATEMENT OF ASSETS, LIABILITIES AND NET WORTH

As of **November 31, 2024**

(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: NAYA ROSEL PITOGO
(Family Name) (First Name) (M. I.)

POSITION: Job Order

AGENCY/OFFICE: VSU

OFFICE ADDRESS: Baybay City, Leyte

ADDRESS Patag, Baybay City. Leyte

SPOUSE: NAYA Josephine Arda
(Family Name) (First Name) (M. I.)

POSITION: House Wife

AGENCY/OFFICE: N/A

OFFICE ADDRESS: N/A

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

NAME	DATE OF BIRTH	AGE
<u>BJANCIA A. NAYA</u>	<u>Jan. 18, 2027</u>	<u>17</u>
<u>WENDY A. NAYA</u>	<u>June 04, 2015</u>	<u>9</u>

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 <small>(e.g. lot, house and lot condominium and improvements)</small>	KIND <small>(e.g. residential, commercial, industrial, agricultural and mixed)</small>	EXACT LOCATION	ASSESSED VALUE	CURRENT FAIR MARKET VALUE	ACQUISITION		ACQUISITION COST	
			<small>(As found in the Tax Declaration of Real Property)</small>		YEAR	MODE		
NONE	NONE	NONE	NONE	NONE				
NONE	NONE	NONE	NONE	NONE				

Subtotal: P

b. Personal Properties*

DESCRIPTION	YEAR ACQUIRED	ACQUISITION COST/AMOUNT
Motocycle Yamaha (Installment)	2020	74,000.00
Honda Dash (Installment)	2013	54,000.00
TV 21" (Installment)	2013	38,000.00

Subtotal: P **166,000.00**

TOTAL ASSETS (a + b):

2. LIABILITIES*

NATURE	NAME OF CREDITORS	OUTSTANDING BALANCE
None		
None		

TOTAL LIABILITIES:

NETWORTH : Total Assets Less Total Liabilities = 166,000.00

*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 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	None	None	None
None	None	None	None

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
None	None	None	None
None	None	None	None

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 : 11-8-2024

(Signature of Declarant)

(Signature of Co-Declarant/Spouse)

Government Issued ID: National ID
 ID No. : 2386-3184-5824-6798
 Date Issued: 05 / 31 / 2021

Government Issued ID: PhilHealth
 ID No. : 13-202048117-3
 Date Issued: 2018

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

RYSAN C. GUINOCOR
 (Person Administering Oath)