lblad.	SWORN ST		F ASSETS, L. As of Decemb				(of Declarant). De
			(Required by				
Note: Hush	oand and wife who	are both public of	ficials and employe	ees may file th	e required st	tatements jointl	y or separately.
	Joint Filing		Separate Filing	P	Not Appli	cable	
DECLARANT:	OQUIAS I	BONIFACIO J	R. B.	BRIDGA REV	POSITION:	eexqueo	Admin. Aide I
	(Family Name)	(First Name)	(M. I.)		AGENCY/OFFICE:		Physical Plant Office
					OFFICE ADI	DRESS: VS	SU, Baybay City, Leyte
ADDRESS	Brgy. Marco	s, Baybay Cit	y, Leyte	AW			АМ
SPOUSE:	OQUIAS ANAFE C.		C.	POSITION:			HOUSE WIFE
	(Family Name)	(First Name)	(M. I.)	S IN THE C	AGENCY/OI		
					OFFICE ADI		-ACSTR
UNMARRI	ED CHILDREN I						HOUSEHOLD
		/A		DATE OF BIRTH			N/A
		/A		N/A N/A		N/A	
		/A		- ATHRINO		N/A	N/A
			, LIABILITIES A	ND NETWO		TO THE STATE OF TH	N/A
1. ASSETS a. Real Prope	АИ		and unmarried o ing in declarant's		w eighteen	(18) years of	АИ
DESCRIPTION   KIND		EXACT LOCATION	ASSESSED CURRENT FAIR VALUE MARKET VALUE		ACQUISITION		ACQUISITION COST
(e.g. lot, house and lot condominium and improvements)	(e.g.residential, commercial, industrial, agricultural and mixed		(As found in the Tax Real Prop		YEAR	MODE	
House	Residential	Marcos, Baybay City, Leyte	200,000.00	300,000.00	1991	Purchase	70,000.00
Improvement	Residential	Marcos, Baybay City, Leyte	80,000.00	100,000.00	2016	repair	80,000.00
b. Personal P	roperties*	me in my hou	age living with			Subtotal: P	150,000.00
DESCRIPTION			YEAR ACQUIRED			ACQUISITION COST/	
Appliances				2091-2023			47,000.00
Motorcycle	(osuogē (ou	a priority to be	wargië)	2013			40,000.00
						Subtotal: P	87,000.00
						SETS (a + b):	The state of the s
2. LIABILITIES	NATU	RE	L.o/L.CL	NAM	E OF CRED	ITORS	OUTSTANDING
				GSIS MATCHES ON			33,000.00
Salary Loan Salary Loan				Pag-ibig		40,000.00	
MPL	VSU-CC		10,000.00				
AVAA 1/	лосон	ud e hacin				ABILITIES:	83,000.00
			NETWORTH : T	otal Acceta			
*Additional sheet/s may l	be used, if necessary.		Page 1 of			- Collition	=======================================

## **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
N/A N/A		N/A	AARIS N/A
NA NA		NA	NA

## 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 relautive/s in the government service.

NAME OF RELATIVE	RELATIONSHIP	POSITION	NAME OF AGENCY/OFFICE AND ADDRESS
Lucars of AN	NA	NA	NA NA
NA	NA	NA	NA arsaa/

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: 19 JUN 2	2024			
B, C	grad of Declarant)	(Signature of Co/Declarant/Spouse)		
	yi Decimani,	(orginally of of Boomain) spouse,		
Government Issued ID	vsu id	Government Issued ID:		
ID No.:	V000634	ID No.: 2095-2860-3761-2517		
Date Issued:		Date Issued:		
		9 IUN 2024		
SUBSCRIBED	AND SWORN to before me this_	day of affiant exhibiting to me the above-stated		
government issued i				
Fon noo oi	100 1187	(Ma		
		RYSAN Ø GUINOCOR		
		(Person Administering Oath)		
	e equilidad LintoT ase I atsett lab	OT : HTROWTER		