SWORN STATEMENT OF ASSETS, LIABILITIES AND NET WORTH

As of December 31, 2023

(Required by R.A. 6713)

Note: H	usband and wife who	are both public o	fficials and employ	ees may file th	e required sta	tements	jointly or s	separately.
	Joint Filing		Separate Filing		Not Applica	able		
DECLARANT:	Gonzaga Ros	emarie B			POSITION:			Instructor III
DECEARANT.	(Family Name)	Gonzaga, Rosemarie B. (Family Name) (First Name) (M. L.)			AGENCY/OFF	TICE:		n, Baybay City Leyte
					OFFICE ADDI			gricultural Education
ADDRESS	Brgy. Maitum,	Baybay City,	Leyte				and Extens	sion
	-							
SPOUSE:	Gonzaga, Jer	ome R.		_	POSITION:		N/A	
	(Family Name)	(First Name)	(M. I.)		AGENCY/OF	TCE:	N/A	
					OFFICE ADD	RESS:	N/A	
TINKAD	DIED CHII DDEN	PELOW FIGHT	TEN (10) VEADO	OF ACE I	UNC IN DE	CIADA	NT'S HO	ISENOI D
UNMAR	RIED CHILDREN		EEN (18) TEARS	OF AGE LI				
	Jair	NAME ese Kayle B. Gon	7202		DATE O			AGE 6 year
		ese rayle b. con	2090	-	Decembe	1 20, 20		
	(In alreding those		s, LIABILITIES A nd unmarried chile		The Contract of the Contract o	uaare a	of age	
	(including those o		g in declarant's h		grueen (10) į	yeurs o	j uge	
1. ASSETS		wat	y in accurates ra	rascriotaj				
a. Real Prop	erties*							
				CURRENT				
DESCRIPTION	KIND	LOCATION	ASSESSED VALUE	FAIR MARKET	ACQUI	SITION		CQUISITION COST
(e.g. lot, house and lot	(e.g.residential,		(As found in the Tax	VALUE Declaration of				equisition cost
condominium and improvemental	commercial, industrial, agricultural and mixed		Real Prop		YEAR	MOI	DE	
N/A	N/A	N/A	N/A	N/A	N/A	N/A	4	N/A
						Subtota	ıl: P	
I. D	D							
b. Personal	Properties.							
	DESCRIP	TION		Y	EAR ACQUIR	ED	A	CQUISITION COST/
Jewelries & Cellp	hone				2016			12,000.00
Dresses					2017			5,000.00
Appliances					2017			15,000.00
Sala set				2018				15,000.00
Motorcycle				2018			_	68,000.00
Appliances				2019			_	35,000.00
Cellphone				2019				12,000.00
Laptop				2020				30,000.00
Appliances				2021				18,000.00
Appliances				2022				22,000.00
Phone				2022				17,000.00
Appliances					2023			5,000.00
						Subtot	al: P	254,000.00
					TOTAL ASS	ETS (a	ı + b):	254,000.00
2. LIABILITIES	*							OUTSTANDING
NATURE			NAME OF CREDITORS				BALANCE	
	N/A	1			N/A			N/A
							-	
							_	
L					TOTAL LI	ARILIT	TES.	

NETWORTH Of Total Assets Less Total Liabilities =

254,000.00

BUSINESS INTERESTS AND FINANCIAL CONNECTIONS

(of Declarant/ Declarant's spouse/ Unmarried Children Below Eighteen(18) years of Age Living in Declarant Household)

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	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 relautive/s in the government service.

NAME OF RELATIVE	RELATIONSHIP	POSITION	NAME OF AGENCY/OFFICE AND ADDRESS
Russel D. Baňoc	Sister	Assistant Prof. IV	Mindanao State UniversityNaawan Campus
18 [7]		/3 / / -	

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: April 13	, 2024			
Rosemari	B. Gonzaga	N/	'A	
(Signature	of Declarant)	(Signature of Co-Declarant/Spouse)		
Government Issued II ID No. : Date Issued:	O GSIS-ID CRN 021-1672-6322-6	Government Issued ID:ID No. :	WA WA	
	AND SWORN to before me this _nment issued identification card.	A.TTLA U.S.Y	2 offiant exhibiting to me the	
		(Person A	dministering Oath)	