SWORN STATEMENT OF ASSETS, LIABILITIES AND NET WORTH

As of ____UNE ZOB (Required by R.A. 6713) Note: Husband and wife who are both public officials and employees may file the required statements jointly or separately. ☐ Separate Filing ☐ Joint Filing □ Not Applicable DECLARANT: DOYPORA GLADYS POSITION: INSTRUCTOR AGENCY/OFFICE: (Family Name) (First Name) (M.I.) VICAYAS STATE UNIVERSITY VIECA , BAYBAY CITY, LEYTE ADDRESS: OFFICE ADDRESS: LOMANGOG , URAY , BOHOL SPOUSE: POSITION: (Family Name) (First Name) (M.I.) AGENCY/OFFICE: OFFICE ADDRESS: UNMARRIED CHILDREN BELOW EIGHTEEN (18) YEARS OF AGE LIVING IN DECLARANT'S HOUSEHOLD NAME DATE OF BIRTH AGE

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 (e.g. lot, house and lot, condominium and improvements)	(e.g. residential, commercial, industrial, agricultural and mixed use)	1000000	ASSESSED	CURRENT FAIR MARKET VALUE	ACQ	UISITION	ACQUISITION COST
			(As found in the Tax Declaration of Real Property)		YEAR	MODE	
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	insmu is	fice in gar	essumed a	le the year I firs	to inclus	STREET BOOK	household covering pra
							Date:

Subtotal:

b. Personal Properties*

DESCRIPTION	YEAR ACQUIRED	ACQUISITION COST/AMOUNT
NEO LAPTOP ::OX CI.	2011	16,000.00
I SAMSUNG CHAMP	2012	2,500.00
Q9TV CHERRY MOBILE	20/3	295.00
		60/ 10

Subtotal:

₱ 19,499.00

TOTAL ASSETS (a+b):

P 19,499.00

2. LIABILITIES*

NAME OF CREDITORS	OUTSTANDING BALANCE
֡	NAME OF CREDITORS

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TOTAL LIABILITIES:

NET WORTH: Total Assets less Total Liabilities =

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

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 ENTERPRISE	BUSINESS ADDRESS	NATURE OF BUSINESS INTEREST &/OR FINANCIAL CONNECTION	DATE OF ACQUISITION OF INTEREST OR CONNECTION	
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	AGENCY/C ICE	1.84 (Sm S) = 0.5	e simei	
	OPFICE ADDRESS:		.000RESS	
	-			

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			
MARIAMITO M. DOYDORA	PATHER	OIC	DA UPBY CTOCK FORM / LOMMEDE, UPAY, BOTH			
\$3.27	DATE OF EIR N		20 FA (12 %)			
era – the bessel		2				

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.

JUNE 10 ,2013

Date:

(Signature of Declarant)		(Signature of Co-Declarant/ Spouse)		
Government Issued ID:	PAC ID One 158	Government Issued ID:		
Date Issued:	12/5 hon	Date Issued:		
government issued ident	sworn to before me this tification card.	ASTIANT EXHIBITING TO ME the above-state of the service of the ser		