SWORN STATEMENT OF ASSETS, LIABILITIES AND NET WORTH

As of <u>December 31, 2020</u> (Required by R.A. 6713)

ECLARANT:	PORTUGALIZA	HARVIE	P.	POSITION:	ASSI	STANT PROF	ESSOR IV
	(Family Name)	(First Name)	(M.I.)	AGENCY/OFFICE:	VISA	YAS STATE	UNIVERSITY
DDRESS:	BLOCK 14, LOT 9, PH			OFFICE ADDRESS:	VISC	A, BAYBAY	CITY, LEYTE
	BRGY. TUBOD, MING	LANILLA, CEBU, PHIL	LIPPINES		6521	-A, PHILIPPI	NES
POUSE:	NA	NA	NA	POSITION:	NA		
	(Family Name)	(First Name)	(M.I.)	AGENCY/OFFICE:	NA		
				OFFICE ADDRESS:			
	ED CHILDREN BE NAMI NA			DATE OF BIRTH NA			AGE NA
	(Including the	hose of the spouse			eightee	n (18)	
ESCRIPTION	Properties*	hose of the spouse	and unmarrie	ed children below		n (18)	Acquisition
a. Real	Properties*	hose of the spouse years of age li	e and unmarrie ving in declara ASSESSED VALUE	cd children below nt's household) CURRENT FAIR MARKET VALUE			ACQUISITIO
a. Real ESCRIPTION g. lot, house and ot, condominium	Properties* KIND (e.g. residential,	hose of the spouse years of age li	and unmarrie	cd children below nt's household)			
a. Real	Properties* KIND (e.g. residential, commercial, industrial, agricultural and mixed	hose of the spouse years of age li	and unmarrie	cd children below nt's household) CURRENT FAIR MARKET VALUE the Tax Declaration of	ACQU	ISITION	

Subtotal: 0

b. Personal Properties*

DESCRIPTION	YEAR ACQUIRED	ACQUISITION COST/AMOUNT	
CASH IN BANK	Various Years	1,650,000.00	
GADGET	Various Years	50,000.00	
JEWELRY	2014	5,000.00	
APPLIANCE '	Various Years	20,000.00	

Subtotal: 1,725,000.00

TOTAL ASSETS (a+b): 1,725,000.00

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

TOTAL (19878 (045), 32725,000 Cp.

Jun ohn. 1,725,950.00

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Services	Samuel College College			Market States	•	**************************************	enis€¥ Linis V	
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2. LIABILITIES*

NATURE	NAME OF CREDITORS	OUTSTANDING BALANCE
NONE	NONE	NONE
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TOTAL LIABILITIES: 0

NET WORTH: Total Assets less Total Liabilities = 1,172,000.00

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
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 relative/s in the government service)

NAME OF RELATIVE	RELATIONSHIP	POSITION	NAME OF AGENCY/OFFICE AND ADDRESS
HAIDE P. TICOY	SIBLING	MIDWIFE	CABUCGAYAN HEALTH CENTER
GAIL P. YBAÑEZ	SIBLING	TEACHER	LANGGAO ELEMENTARY SCHOOL

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: <u>December 1</u>	, 2020			
	A			
(Signa	ture of Declarant)		(Signature of Co-Declarant/Spouse)	
Government Issued ID: ID No.: Date Issued:	PRC License 0007738 8/24/2011	ID	overnment Issued ID: D No.: Date Issued:	
SUBSCRIBED AND government issued ident	SWORN to before me this diffication card.		ATT. RY IN C. GUINOCOR VSU Phiel Legal Officer (Person Administering Oath)	ted

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

Datember 1, 2020

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