SWORN STATEMENT OF ASSETS, LIABILITIES AND NET WORTH

As of <u>December 2018</u>-31 (Required by R.A. 6713)

Note: Husband and wife who are both public officials and employees may file the required statements jointly or separately. Not Applicable ☐ Separate Filing ☐ Joint Filing DECLARANT: GONZAGA ZENAIDA Professor IV Department of Horticulture (First Name) (M.I.) AGENCY/OFFICE: (Family Name) ADDRESS: VSU, Visca, OFFICE ADDRESS: VSU, Visca, Baybay, Leyte Baybay, Leyte SPOUSE: GONZAGA JOSE L. POSITION: Farmer (Family Name) (First Name) (M.I.) AGENCY/OFFICE:

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

OFFICE ADDRESS:

NAME
ZENINA JOAN C. GONZAGA

DATE OF BIRTH
AGE
12 Years old

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*

(e.g. lot, house and lot, condominium and improvements)	KIND (e.g. residential, commercial, industrial, agricultural and mixed use)	EXACT LOCATION	ASSESSED VALUE	CURRENT FAIR MARKET VALUE	ACQUISITION		ACQUISITION
			(As found in the Tax Declaration of Real Property)		YEAR MODE		
NA							

Subtotal: N/A

b. Personal Properties*

DESCRIPTION DESCRIPTION		ACQUISITION COST/AMOUNT
Money in bank	2014-2019	P 700,000.00
St. Peter Plan	2017-2018	20,000.00
Multicab	2018	235,000.00
Insular Insurance	2017-2018	50,000.00
Motorcycle	2016	68,000.00
Refrigerator	2016	38,000.00
Jewelries (wrist watch, necklace and earrings)	2016-2017	10,000.00
Bicycle	2015	3,000.00
Cellphone	2014	5,000.00
Airconditioning unit	2014	12,000.00
Microwave oven	2014	5,400.00
Electric fan	2014	1,500.00
Bookshelf	2012	2,000.00
Furniture	2006-2008	20,000.00
Appliances (ref, TV, computer, CD player)	2005-2007	40,000.00
Honda motorcycle	2006	65,000.00
Books	2001-2005	50,000.00
Bicycle (mountain bike)	2000	2,000.00
Educational Plan (Premium paid)	2000	19,000.00

Subtotal: P 1,345,900.00

TOTAL ASSETS (a+b): P 1,345,900.00

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

2. LIABILITIES*

NATURE	NAME OF CREDITORS	OUTSTANDING BALANCE
NA		

TOTAL LIABILITIES:

NET WORTH: Total Assets less Total Liabilities =

P 1,345,900.00

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
NA	4 4 - 470		

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
Beatriz C. Jadina	Sister	Professor	VSU, Visca, Baybay City, Leyte
Iderlina C. Sanches	Sister	Teacher	DepEd, Baybay, Leyte
	and the same and the same and		
31 97 5 7			

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: February ZENAII	13, 2019 (JOSE L. GONZAGA
(Signa	ture of Declarant)	(Signature of Co-Declarant/Spouse)
Government Issued ID:	Unified Multipurpose ID	Government Issued ID:
ID No.:	02038 5101 9145 280	ID No.:
Date Issued:	570-1-1	Date Issued:
SUBSCRIBED ANI government issued iden	SWORN to before me tification card.	ATTY. RYSAN C. GUINOCOR
		(Person Administering Oath)

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