

SWORN STATEMENT OF ASSETS, LIABILITIES AND NET WORTH

As of January 1, 2022 -May 23, 2022
(Required by R.A. 6713)

Note: Husband and wife who are both public officials and employees may file the required statements jointly or separately.

☐ Joint Filing ☐ Separate Fil ☐ Not Applicable

DECLARANT:	MANAGBANAG	ARACELI	M.	POSITION:	Administrative Aide III
	(Family Name)	(First Name)	(M. I.)	AGENCY/OFFICE:	Institute of Human Kinetics
				OFFICE ADDRESS:	VSU, Visca, Baybay City, Leyte
ADDRESS	Jose Abad Santos St., Baybay City, Leyte				
SPOUSE:	MANAGBANAG	TEODULO	B.	POSITION:	VSU Driver Retired Year 2017
	(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
NA	NA	

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 townhouse)	KIND (e.g. residential, commercial, industrial, agricultural and vacant land)	EXACT LOCATION	ASSESSED VALUE (As Listed in the Tax Declaration of Real Property)	CURRENT TAX MARKET VALUE	ACQUISITION		ACQUISITION COST
					YEAR	MODE	
Residential lot	Nipa land converted into residential lot	Baybay, Leyte	4,000.00	100,000.00	1988	Purchased	4,000.00
House	Residential	Baybay, Leyte	100,000.00	150,000.00	1998	Personally Constructed	100,000.00
Subtotal: P							104,000.00

b. Personal Properties*

DESCRIPTION	YEAR ACQUIRED	ACQUISITION COST/AMOUNT
Colored TV, 20"	2016	11,000.00
Closet	2014	7,000.00
Multicab, Half Car	2013	125,000.00
Furnitures (Wood ordinary)	2012	6,500.00
Welding Machine -Transformer Type (Portable)	2010	4,500.00
Welding Machine (Engine driven)	2008	50,000.00
Karaoke	2007	10,650.00
Motorcycle-Kawasaki	1998	52,000.00
Refrigerator	1995	8,740.00
Subtotal: P		275,390.00

TOTAL ASSETS (a + b): 379,390.00

2. LIABILITIES*

NATURE	NAME OF CREDITORS	OUTSTANDING BALANCE
NA	NA	NA

TOTAL LIABILITIES:

NETWORTH : Total Assets Less Total Liabilities = 379,390.00

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

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	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 relative/s in the government service.

NAME OF RELATIVE	RELATIONSHIP	POSITION	NAME OF AGENCY/OFFICE AND ADDRESS
NA	N/A	N/A	N/A

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 : _____



(Signature of Declarant)

(Signature of Co-Declarant/Spouse)

Government Issued ID: VSU ID
ID No. : V000629
Date Issued: _____

Government Issued ID: _____
ID No. : _____
Date Issued: _____

SUBSCRIBED AND SWORN to before me this ____ day of _____, affiant exhibiting to me the above-stated government issued identification card.

(Person Administering Oath)