SWORN STATEMENT OF ASSETS, LIABILITIES AND NET WORTH

As of <u>December 2018-3</u> 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 ☑ Not Applicable ☐ Joint Filing DECLARANT: BANCALE **GLORIA** E. POSITION: Assistant Prof IV (First Name) Department of Horticulture (Family Name) (M.I.) AGENCY/OFFICE: ADDRESS: Purok 3, Bontoc, OFFICE ADDRESS: Visayas State University, Visca, Baybay City, Leyte Hindang, Leyte SPOUSE: POSITION: (M.I.) AGENCY/OFFICE: (Family Name) (First Name) OFFICE ADDRESS: UNMARRIED CHILDREN BELOW EIGHTEEN (18) YEARS OF AGE LIVING IN DECLARANT'S HOUSEHOLD AGE DATE OF BIRTH NAME n.a. 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 | KIND (c.g. residential, commercial, industrial, agricultural and mixed use) | EXACT LOCATION | ASSESSED | CURRENT FAIR MARKET VALUE | ACQUISITION | | ACQUISITION |
|---------------------------------------|--|--|---|---------------------------|-------------|------|-------------------|
| lot, condominium and improvements) | | | (As found in the Tax Declaration of Real Property) | | YEAR | MODE | |
| n.a. | | The care post of the second party and the second pa | Court v IM. | | | | United the second |
| M south. | | e . Product de | EFECT OF | E 1160 13 107 17 1 | 1 10 | | to, below or to |

Subtotal: N.A.

b. Personal Properties*

| DESCRIPTION | YEAR ACQUIRED | ACQUISITION COST/AMOUNT | |
|----------------|---------------|-------------------------|--|
| Bike/motorbike | 2015 | 110,000.00 | |
| jewelries | 2010-2016 | 50,000.00 | |
| home appliance | 2016-2018 | 70,000.00 | |
| vehicle | 2004 | 230,000.00 | |

Subtotal: 460,000.00

TOTAL ASSETS (a+b): 460,000.00

FEB 2 2019

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

2. LIABILITIES*

| 200,000.00 |
|------------|
| 175,000.00 |
| 15,000.00 |
| _ |

TOTAL LIABILITIES: 390,000.00

NET WORTH: Total Assets less Total Liabilities =

70,000.00

BUSINESS INTERESTS AND FINANCIAL CONNECTIONS

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

2 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. W. | | E-a | |
| n.a. | | | |
| | | | |

RELATIVES IN THE GOVERNMENT SERVICE

(Within the Fourth Degree of Consanguinity or Affinity. Include also Bilas, Balae and Inso)

If We do not know of any relative/s in the government service)

| NAME OF RELATIVE | RELATIONSHIP | POSITION | NAME OF AGENCY/OFFICE AND ADDRESS |
|------------------|--|----------|-----------------------------------|
| n.a. | 218 / Sucreta 15 | 775/250 | ASATE SERVER LETTER |
| Est Co. | —autav statala l | 877 5539 | - PET-16.15 |
| - 1 5,000 x | en 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | |

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: F° | 6. 21, 2019 | | | |
|--------------------------|------------------|------------------------------------|--|--|
| | Epmt- | n. a. | | |
| (Signature of Declarant) | | (Signature of Co-Declarant/Spouse) | | |
| Government Issued ID: | VSU ID | Government Issued ID: | | |
| ID No.: | VOO658 | ID No.: | | |
| Date Issued: | February 1, 2017 | Date Issued: | | |
| | | | | |

SUBSCRIBED AND SWORN to before me this _____day by 2 7 2019 ffiant exhibiting to me the above-stated government issued identification card.

ATTY. RYSMI C. GUINOCOR (Person Administering Oath)

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