Revised as of January 2015 Per CSC Resolution No. 1500088 Promulgated on January 23, 2015

SWORN STATEMENT OF ASSETS, LIABILITIES AND NET WORTH

As 31-Dec-18

(Required by R.A. 6713)

Note:	Husband	and wife	e who are	both	public	officials	and	employees	may j	file the	required	statements	jointly	or separat	ely.
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☐ Join	t Filing	☐ Separe	ate Filing	∠ Not Applicable			
DECLARANT:	BINUEZA	JAKE ERNEST	Р	POSITION:	INSTRUCTOR - 1		
ADDRESS:	(Family Name) #817 CCF LINA	(First Name)	(M.I.) LEYTE	AGENCY/OFFICE: OFFICE ADDRESS:	VSU - DME VISCA, BAYBAY CITY		
SPOUSE:	(Family Name)	(First Name)	(M.I.)	POSITION: AGENCY/OFFICE: OFFICE ADDRESS:			
UNMARR	IED CHILDREN	BELOW EIGHTE	EN (18) YEA	RS OF AGE LIVING IN DECLARANT'S	HOUSEHOLD		
KATARINA MIRTH		<u>1</u>	DATE C November	11, 2017	AGE lyr 5 mos.		

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	KIND	EXACT LOCATION	OCATION ASSESSED CURRENT F		ACOMISITION		ACQUISITION COST	
(e.g. lot, house and lot, condominium and improvements)	(e.g. residential, commercial, industrial, agricultural and		(As found in the Tax Declaration of Real Property)					
N/A								
9.								

Subtotal: N/A

b. Personal Properties*

DESCRIPTION	YEAR ACQUIRED	ACQUISITION COST/AMOUNT
CLOTHING	2017	5,000.00
CLOTHING	2018	8,000.00
CLOTHING	2019	4,000.00
smartphone samsung A6	2018	17,000.00

Subtotal:

17,000.00

TOTAL ASSETS (a+b):

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

2. LIABILITIES*

NATURE	NAME OF CREDITORS	OUTSTANDING BALANCE
N/A		
1		
	MOMAL LIABILIMIES	
	TOTAL LIABILITIES:	-
NET WORTH : Total Asse	17,000.00	

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
N/A			
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RELATIVES IN THE GOVERNMENT SERVICE

(Within the Fourth Degree of Consanguinity or Affinity. Include also Bilas, Balae and Inso) † \Box I/ We do not know of any relative/s in the government service)

NAME OF RELATIVE	RELATIONSHIP	POSITION	NAME OF AGENCY/OFFICE AND ADDRESS
MA. ERLIE P. BINUEZA	SISTER	CLERK	DPWH 4TH LED ORMOC CITY

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: 20-Apral9	M		
(Signature of Declarar	ut)	(Signature of Co-Declarant/Spouse)	
Government Issued ID.	PRC	Government Issued ID:	
ID No.:	94185	ID No.:	
Date Issued:	10/21/2016	Date Issued:	

SUBSCRIBED AND SWORN to before me this

29th day of APRIL, 2019,

affiant exhibiting to me the above-stated government issued identification card.

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