


SUMMARY REPORT FORM No. 1
STATEMENT OF ASSETS, LIABILITIES AND NETWORTH FOR CY 2020

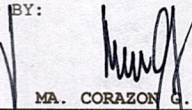
Region: IX
Name of Agency: Department of Social Welfare and Development Field Office IX
Name of Office: DSWD FO IX
Address: Zamboanga City
Total No. Of Employees: 6 CASUAL EMPLOYEES

Name (In Alphabetical Order)			Position	If spouse is with government service PLEASE INDICATE NAME OF SPOUSE/EMPLOYEE/ADDRESS
Surname	First Name	Middle Name		
1 BOLO	AMY	CRUZ	SOCIAL WELFARE AIDE IV	
2 CABATO	MARIA GRASHELLA	MARIANO	SWAide-CASUAL, DSWD FO IX	
3 ESTUDILLO	ANGELINE	BENDAÑO	SOCIAL WORKER OFFICER I - HOME FOR WOMEN, DSWD FO IX, ZAMBO. CITY	
4 FILOTEO	RAUL	BOLO	SWAide-CASUAL, DSWD FO IX	
5 LADJAHASAN	NURUL-IN	SADDALANI	SWAide-CASUAL, DSWD FO IX, ZAMBO. CITY	
6 TARROZA	EDTESSIE KATE	MAGSALAY	SWAide-CASUAL, DSWD FO IX	MICHAEL GABRIEL TARROZA - PDO 1, DSWD IX ZC

CERTIFIED CORRECT BY:


FE L. DELA CRUZ
SAO / OIC Chief HRMDD

NOTED BY:


MA. CORAZON G. SUMICAD
Chief Administrative Officer