SWORN STATEMENT OF ASSETS, LIABILITIES AND NETWORTH

As of December 31, 2023

(Required by R.A. 6713)

| | band and wife who Joint Filing | | Separate Filing | es may fue in | Not Appli | | - Journey C | . Jopan anoigi |
|----------------------------------|---|---------------------|---------------------------------------|----------------------|---------------|-----------|------------------|------------------------|
| DECLARANT: | BASTASA | ARTURO | S. | | | | ADMINI | STRATIVE AIDE I |
| 90 00 - 120 | (Family Name) | (First Name) | (M. I.) | r eta 20e bruita | | | | S STATE UNIVERSIT |
| | | | | | OFFICE ADI | RESS: | VISCA, I | BAYBAY CITY, LEYTE |
| ADDRESS | BRGY. PATAC | S, BAYBAY CI | TY, LEYTE | | | | | |
| | - | | | | | | | 64.44 |
| SPOUSE: | (Family Name) | N/A (First Name) | (M. I.) | | POSITION: | | | |
| | ,, | , | , , , , , , , , , , , , , , , , , , , | | AGENCY/OF | | | |
| La Electric | | | | | OFFICE ADI | RESS: | | |
| UNMARR | HED CHILDREN H | BELOW EIGHTE | EN (18) YEARS | OF AGE LIV | ING IN DE | CLARA | NT'S H | OUSEHOLD |
| | | NAME | | DATE OF BIRTH | | Н | AGE | |
| | | N/A | | | AVA | | | D/A |
| | part true and true | erlis della almi m | A setu ette mana | g ty 2 of case | Longer of the | eo Eam | <u>V sob</u> adž | |
| | Simulas arango | 1139 150 to 2 14 | HANDER OF MIND TO | | - 100 V 18 | | | - |
| | | ASSETS, | LIABILITIES A | ND NETWOR | RTH | | | The state of |
| | (Including those | of the spouse a | nd unmarried ch | ildren below | | 8) years | s of | |
| 1. ASSETS | | age livin | g in declarant's | household) | | | | |
| I. ASSETS | | | | | | | | |
| a. Real Prope | erties* | | | | | | | |
| | | | | CURRENT | | | | |
| DESCRIPTION | KIND | LOCATION | ASSESSED VALUE | FAIR MARKET | ACQUISITION | | | |
| (e.g. lot, house and lot | (e.g.residential, | | (As found in the Tax | VALUE Declaration of | | | A | CQUISITION COST |
| condominium and improvements) | commercial, industrial, agricultural and mixed | | Real Prope | rty) | YEAR | YEAR MODE | | |
| N/A | V/F | D/A | A/d | MA | NIA | MA | | P/A |
| Will of regular | a blurenn er | ny spoule at | in scott sinibil | ži kondr | number | Lared I | m 152 | termi esemienti |
| - turks as yet | 1 1 2 1 2 1 2 2 1 2 2 2 2 2 2 2 2 2 2 2 | | and the latest field | | | ed som | TO C LAS | 1811 a o utare. |
| of the same investor over | a federated account of \$1. | | | | | Subtoto | l. D | B 030 8 10 110 110 110 |
| | | | | | | Subtota | . F | |
| b. Personal F | Properties* | | | | | | | |
| | DESCRIF | TION | | YE | AR ACQUIR | ED | A | CQUISITION COST/ |
| Motorbike | | | | | 2015 | | | 60,000.0 |
| Clothings and Fo | otwear | | | 2010-2023 | | | | 60,000.0 |
| Watch | | | | 2000 | | 7 | 4,000.0 | |
| Appliances | | -46 | | 2010-2017 | | 72/ | 41,000.0 | |
| | The state of the state of | APPENSON SULES | | | U.T. 0.73 | 10-11-1 | A STATE | 165,000.00 |
| | | | | | | Subtota | - | 165,000.00 |
| 2. LIABILITIES | * 8/4 | | | Т | OTAL ASSI | ers (a - | + b): | 103,000.00 |
| | NATU | RE | | NAME | OF CREDI | rors | | OUTSTANDING |
| GSIS Consoloan/Policy/HELP | | 1 5 APR 2024 | | GSIS | | NUCKS II | 100,000.00 | |
| and single gri | HULLES HISTORY | 20174 | 71714 1, 1 | Lar mon | 3010 | e dia | CUO EN | 100,000.00 |
| | | A T | ,D3 | - 11-12 A 2111 | 7-01/19/18 | ez arran | TTT: 70) | DRIADE TOBIS |
| 7.5 | NUCLOSING D TO SERVICE OF THE PARTY OF THE P | RACIK JITA | | | TOTAL LI | ABILIT | IES: | 100,000.00 |
| | 10 mg | 7965 2 137V | | | | | _ | |

*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 |
|---------------------------------------|------------------|---|---|
| NA | WA | N/A | NA |
| | Alleri. | 7/4 | 200 |
| | -1.6 | | (Aug. 1) |
| | 1000 | | |

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 relavtive/s in the government service.

| NAME OF RELATIVE | RELATIONSHIP | POSITION | NAME OF AGENCY/OFFICE AND ADDRESS |
|------------------------------|--------------|----------|--------------------------------------|
| N ₄ | D/A | DIA | N/K |
| | | | M. Road Properties |
| | | | |
| and a property of the second | Tribate - | 91 | e a dept to the company |

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: | 7 | | |
|--------------------------|---|------------------------------------|---------------------------------------|
| ARTU | RO S. BASTASA | AIQ | e e e e e e e e e e e e e e e e e e e |
| (Signature of Declarant) | | (Signature of Co-Declarant/Spouse) | |
| Government Issue | ed ID: VSU Employee's ID | Government Issued ID: WA | CALL CALL |
| ID No.: | V000572 | ID No.: | |
| Date Issued: | 2007 | Date Issued: | |
| | ED AND SWORN to before movernment issued identification | ~ / | ing to me the |
| | | (Person Administering Oath) | |