

SWORN STATEMENT OF ASSETS, LIABILITIES AND NET WORTH

As of **December 31, 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 Filing ☒ Not Applicable

DECLARANT:	DIAZ (Family Name)	BENSON (First Name)	SOLIS (M. I.)	POSITION:	Welder I
				AGENCY/OFFICE:	Physical Plant Office
				OFFICE ADDRESS:	VSU, Baybay City, Leyte
ADDRESS	Brgy. Candadam, Baybay City, Leyte				
SPOUSE:	DIAZ (Family Name)	CHARITO (First Name)	DE LA CERNA (M. I.)	POSITION:	HOUSE WIFE
				AGENCY/OFFICE:	
				OFFICE ADDRESS:	

UNMARRIED CHILDREN BELOW EIGHTEEN (18) YEARS OF AGE LIVING IN DECLARANT'S HOUSEHOLD

NAME	DATE OF BIRTH	AGE
NA	NA	NA
NA	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 <small>(e.g. lot, house and lot, condominium and improvement)</small>	KIND <small>(e.g. residential, commercial, industrial, agricultural and mixed)</small>	EXACT LOCATION	ASSESSED VALUE	CURRENT FAIR MARKET VALUE	ACQUISITION		ACQUISITION COST
			<small>(As found in the Tax Declaration of Real Property)</small>		YEAR	MODE	
House & Lot	Residential	Candadam, Baybay City, Leyte	300,000.00	700,000	1994	Purchase	230,000.00
NA	NA	NA	NA	NA	NA	NA	NA

Subtotal: P 230,000.00

b. Personal Properties*

DESCRIPTION	YEAR ACQUIRED	ACQUISITION COST/AMOUNT
Appliances, Jewelleries, Clothes	1998- 2022	35,000.00
Motorcycle	2021	60,000.00
NA	NA	NA
NA	NA	NA

Subtotal: P 95,000.00

TOTAL ASSETS (a + b): 325,000.00

2. LIABILITIES*

NATURE	NAME OF CREDITORS	OUTSTANDING BALANCE
NA	NA	NA
NA	NA	NA

TOTAL LIABILITIES: -

NETWORTH : Total Assets Less Total Liabilities = 325,000.00

*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
NA	NA	NA	NA
NA	NA	NA	NA

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	NA	NA	NA
NA	NA	NA	NA

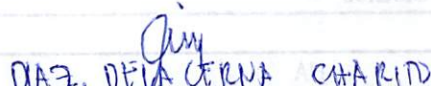
I hereby certify that these are true and correct statements of my assets, liabilities, net worth, business interests and financial connections, including those of my spouse and unmarried children below eighteen (18) years of age living in my household, and that to the best of my knowledge, the above-enumerated 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: Philhealth

ID No. : 13-000103162-8

Date Issued: _____

Government Issued ID: _____

ID No. : _____

Date Issued: _____

SUBSCRIBED AND SWORN to before me this 17 APR 2023 day of _____ affiant exhibiting to me the above-stated government issued identification card.


RYSAN C. GUINOCOR

(Person Administering Oath)