SWORN STATEMENT OF ASSETS, LIABILITIES AND NET WORTH

As of DECEMBER 31, 2023

(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 I	Filing	pplicable		
DECLARANT:	MASKARIÑO	MARY ANN	L.	POSITION:		INSTRUCTO	RII
	(Family Name)	(First Name)	(M.I.)	AGENCY/OFFICE	VIS	AYAS STATE UN MAIN CAMP	
ADDRESS:	PROPER	BRGY. SEGUINON		OFFICE ADDRESS:		Visca, BAYBAY CITY, LEYTE	
	ALBUERA	LEYTE					
SPOUSE:	MASKARIÑO	WARREN	P.	POSITION:		AGRICULTUR	IST 1
	(Family Name)	(First Name)	(M.I.)	AGENCY/OFFICE	AL	LOCAL GOVERNMENT UNIT OF ALBUERA – OFFICE OF THE MUNICIPAL AGRICULTURE	
				OFFICE ADDRESS		BLACION, ALBUI	
	NAME ARYANN GENESIS L. MASKARIÑO			DECEMBER 28, 20		AGI	
1. ASSETS	uding those of the sp	ASSETS, Li	IABILITIES AND dren below eighte		living in o	declarant's house	ehold)
(e.g. lot, ho and lot,	use (e.g. residential,		ASSESSED VALUE	CURRENT FAIR MARKET VALUE	AC	QUISITION	ACQUISIT
condomini and improvemen	industrial,	BOCATION	Decl	nd in the Tax aration of Property)	YEAR	MODE	

b. Personal Properties*

NONE

use)

N/A

N/A

DESCRIPTION	YEAR ACQUIRED	ACQUISITION COST/AMOUNT
LAPTOP	2021	27, 000
ANDROID CELLPHONE	2022	9, 900
	Subtotal:	36, 900.00

N/A

N/A

N/A

TOTAL ASSETS (a+b): 36, 900.00

N/A

Subtotal:

N/A

LIABILITIES*

NATURE	NAME OF CREDITORS	OUTSTANDING BALANCE
N/A	N/A	N/A

TOTAL LIABILITIES:

NET WORTH: Total Assets less Total Liabilities = 36, 900.00

* 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'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	N/A	N/A	N/A

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
MELISA L. TORREGOSA	SISTER	Teacher III	DepEd- Leyte
N/A	N/A	N/A	N/A

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: March 01, 2024						
Spracker	Jan d	Wen -				
(Signature	of Declarant)	(Signature of)	(Signature of/Co-Declarant/Spouse)			
			1			
Government Issued ID:	PASSPORT ID	Government Issued ID:	DRIVERS LICENSE			
ID No.:	P4018861B	ID No.:	H12-19-001722			
Date Issued:	NOVEMBER 30, 2019	Date Issued:	NOVEMBER 11, 2023			
SUBSCRIBED AND SWORN to before me this						

identification card.

(Person Administering Oath)