SWORN STATEMENT OF ASSETS, LIABILITIES AND NET WORTH

As of <u>December 31, 2019</u> (Required by R.A. 6713)

Note		who are both public officials Joint Filing	and employees Separate Fili	may file the required ing Not Ap	d stateme oplicable	nts jointly or ?	separately.
DECLADANT.	POSAS	JERRY	В.	POSITION:		Administra	tive Aide III
DECLARANT:	(Family Name)	(First Name)		AGENCY/OFFICE:		OV	PRE
ADDRESS:	Brgy. Marcos, Bayl	oay City, Leyte		OFFICE ADDRESS:		VSU, Bayba	y City, Leyte
SPOUSE:	POSAS (Family Name)	ROSANA (First Name)	(M.I.)	POSITION: AGENCY/OFFICE: OFFICE ADDRESS:		House	keeper
UNMARRI	NA Joseph Jer	BELOW EIGHTEEN (1 AME Pard S. Posas In Jee S. Posas	S	F AGE LIVING DATE OF BIRTH eptember 17, 20 December 15, 20	02		AGE 16 9
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 ASSESSED CURRENT FAIR ACQUISITION ACQUISITION							
(e.g. lot, house and lot, condominium	(e.g. residential, commercial, industrial,	LOCATION	VALUE (As found in t	MARKET VALUE he Tax Declaration of			COST
and improvements)	agricultural and mixed use)			al Property)	YEAR	MODE	
House	Residential	Brgy. Marcos, Baybay City, Leyte	225,000.00	325,000.00	1994	Built	325,000.00
						Subtotal:	325,000.00
b. Perso	nal Properties*						
	DE	SCRIPTION		YEAR A	ACQUIRED)	ACQUISITION COST/AMOUNT
Clothing			1996		30,000.00		
Appliances				2013		154,500.00	
Motorcycle			2	017		35,000.00	
						Subtotal :	219,500.00
* Additional	sheet/s mau he	used, if necessary.		тот	AL ASS	ETS (a+b):	544,500.00

2. LIABILITIES*

NATURE	NAME OF CREDITORS	OUTSTANDING BALANCE
Loans for Non-Government	GSIS	
Organization		311,000.00
Loans for Private Organization	vsucc	
		94,000.00

TOTAL LIABILITIES:

405,000.00

NET WORTH: Total Assets less Total Liabilities =

139, 500.00

BUSINESS INTERESTS AND FINANCIAL CONNECTIONS

(of Declarant / Declarant's spouse/ Unmarried Children Below Eighteen (18) years of Age Living in Declarant's Household) \square 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	
NONE	NONE	NONE	NONE	
		-		

RELATIVES IN THE GOVERNMENT SERVICE

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

Mrs. Luzviminda S. Bandiola	Cousin	Teacher-DECS	Baubau North Control School Baubau City Loute
		Todalier Diboo	Baybay North Central School, Baybay City, Leyte
Mrs. Eulita P. Nayre	Cousin	Teacher-DECS	Baybay North Central School, Baybay City, Leyte
Mrs. Paulina P. Abing	Cousin	Admin. Aide VI	NCRC-V, VSU, Baybay City, Leyte

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:	FEB 1 4 2020					
JERRY B. POSAS		ROSA	ROSANA S. POSAS			
(Signa	ture of Declarant)	(Signature of	(Signature of Co-Declarant/Spouse)			
Government Issued ID: ID No.: Date Issued:	Employee ID V000418 2012	Government Issued ID: ID No.: Date Issued:	NA			
SUBSCRIBED AN government issued idea	D SWORN to before me this ntification card.	Mai	exhibiting to me the above-stated			

VSU (Person Administering Oath)

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