SWORN STATEMENT OF ASSETS, LIABILITIES AND NET WORTH

As of December 31, 2019

(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:

MARIA ELSA UMPAD (Family Name) (First Name)

M POSITION: (M.I.) AGENCY/OFFICE:

Administrative Officer II PhilRootcrops - VSU

ADDRESS:

501 Rizal Ext.,

OFFICE ADDRESS:

VSU, Baybay City, Leyte

Ormoc City

SPOUSE:

UMPAD (Family Name) RUDOLFO B. POSITION: (First Name) (M.I.)

AGENCY/OFFICE:

Branch Manager

OFFICE ADDRESS:

OCCCI Ormoc City

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

NAME

DATE OF BIRTH

AGE

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

Real Properties*

DESCRIPTION (e.g. lot, house and	KIND (e.g. residential,	EXACT	ASSESSED	CURRENT FAIR MARKET VALUE	ACQU	ISITION	ACQUISITION COST
lot, condominium and improvements)	commercial, industrial, agricultural and mixed use)	s in enony 81 knoem	(As found in the Tax Declaration of Real Property)		YEAR	MODE	i indunina of
180 sq.m. lot	Residential	Lucero Subdv, Brgy. Libertad, Ormoc City	150,000.00	200,000.00	2000	Install ment	54,000.00
75 sq. m lot	Residential	501 Rizal Extension, Ormoc City	250,000.00	300,000.00	2015	cash	250,000.00
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304,000.00 Subtotal:

b. Personal Properties*

DESCRIPTION	YEAR ACQUIRED	ACQUISITION COST/AMOUNT
Home appliances / PC and laptop	CY 2000 - 2016	50,000.00
Chevrolet Spin	CY 2015	800,000.00

Subtotal: 850,000.00

TOTAL ASSETS (a+b): 1,154,000.00

2. LIABILITIES*

NATURE	NAME OF CREDITORS	OUTSTANDING BALANCE
HELP	GSIS	95,908.48
Consul	GSIS	70,000.00
Car & Emergency Loan	BPI	300,000.00
Other Loans	OCCCI	65,000.00

TOTAL LIABILITIES: 530,908.48

NET WORTH: Total Assets less Total Liabilities = 623,091.52

^{*} 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)

If 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	rate Filing - W. Vor April - 15	2) Joint Filling 2 Says		
1	AGRACY JORPES AND	o strainen	THAZALO,	
real of the second	Ja isaunda esped		ADDRESS 101 RECTES	

RELATIVES IN THE GOVERNMENT SERVICE

(Within the Fourth Degree of Consanguinity or Affinity. Include also Bilas, Balae and Inso)

If We do not know of any relative/s in the government service)

NAME OF RELATIVE	RELATIONSHIP	POSITION	NAME OF AGENCY/OFFICE AND ADDRESS
ELEANOR M. GIANAN	sister	DEPeD Teacher	Can-adieng Elementary School, Ormoc City
SERBER RISHARATER	Tal Takasa Talak da	19 5 3 7 12 14 15 35 25 1	HOLE WOLLD MARGINES OF SELECTION
SDA	DATE OF BIRTH		3 25 A M

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 13,		20 CO vidas envirol (b) B taxi21 M	of tolar page
, 571	Mm	27 / St. 20 / 20 / 20 / 20 / 20 / 20 / 20 / 20	Julian
(Signa	ture of Declarant)	(Stynature)	of Co-Declarant/Spouse)
Government Issued ID: ID No.: Date Issued:	VSU V000511	Government Issued ID: ID No.: Date Issued:	UMHD CRN-006-1412485-1
SUBSCRIBED AN government issued ide	D SWORN to before mentification card.	Mari	exhibiting to me the above-stated
		V \$Person Laminute	gring Oath)