

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: AGUINALDO JULIE BEE M.  
(Family Name) (First Name) (M. I.)

POSITION: INSTRUCTOR

AGENCY/OFFICE: VSU-DBM

OFFICE ADDRESS: VISCA, BAYBAY CITY, LEYTE

ADDRESS: ALBARICO SUBD., ZONE 23, POB., BAYBAY CITY

SPOUSE: AGUINALDO NEIL JOHN D.  
(Family Name) (First Name) (M. I.)

POSITION: STATION HEAD

AGENCY/OFFICE: WALLSTREET COURIER SERVICES, INC.

OFFICE ADDRESS: BAYBAY CITY, LEYTE

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

NAME	DATE OF BIRTH	AGE
JOHN ANDREI M. AGUINALDO	SEPTEMBER 05, 2008	14
ANYA MAXIME M. AGUINALDO	MARCH 31, 2013	10

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 improvements)</small>	KIND <small>(e.g. residential, commercial, industrial, agricultural and other)</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	ZONE 23, POBLACION, BAYBAY CITY, LEYTE	400,000.00	1,000,000.00	2013	PURCHASED/BUILT	1,200,000.00

Subtotal: P 1,200,000.00

b. Personal Properties\*

DESCRIPTION	YEAR ACQUIRED	ACQUISITION COST/AMOUNT
FURNITURE/APPLIANCES	2022	56,000.00
LAPTOP	2020	27,000.00
CELLPHONE	2019	23,000.00
ST. PETER LIFE PLAN	2016	39,000.00
MANULIFE INSURANCE PLAN	2016	149,700.00

Subtotal: P 294,700.00

TOTAL ASSETS (a + b): 1,494,700.00

2. LIABILITIES\*

NATURE	NAME OF CREDITORS	OUTSTANDING BALANCE
GSIS Consolidated Loan	GSIS	14,212.02
GSIS Emergency Loan		26,845.43

TOTAL LIABILITIES: 41,057.45

NETWORTH : Total Assets Less Total Liabilities = 1,453,642.55

\*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
N/A			

**RELATIVES IN THE GOVERNMENT SERVICE**

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

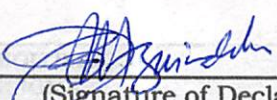
☐ I/ We do not know of any relative/s in the government service.

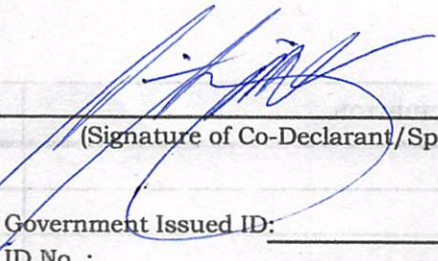
NAME OF RELATIVE	RELATIONSHIP	POSITION	NAME OF AGENCY/OFFICE AND ADDRESS
N/A			

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 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 : May 11,2023

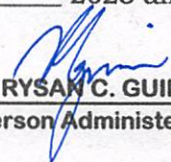
  
(Signature of Declarant)

  
(Signature of Co-Declarant/Spouse)

Government Issued ID: DRIVER'S LICENSE  
ID No. : H12-17-001872  
Date Issued: Jul-17

Government Issued ID: \_\_\_\_\_  
ID No. : \_\_\_\_\_  
Date Issued: \_\_\_\_\_

SUBSCRIBED AND SWORN to before me this 11 day of MAY 2023 2023 affiant exhibiting to me the above-stated government issued identification card.

  
RYSAN C. GUINOCOR  
(Person Administering Oath)