SWORN STATEMENT OF ASSETS, LIABILITIES AND NET WORTH

As of Decembebr 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 Filing	0	Not Applicable			
DECLARANT:	Albiso	Elizabeth B.			POSITION:	Admin A	Aide IV	
	(Family Name)	(First Name) (M. I.)	_	AGENCY/OFFICE:	OP-VSL		
					OFFICE ADDRESS		Baybay City, Leyte	
ADDRESS	Sitio Tinago, Br	gy. Candadam, Ba	ybay City Leyte					
SPOUSE:	NA (deceased)			- .	POSITION:	NA		
51 0052.	(Family Name)	(First Name) (M. 1.)	-	AGENCY/OFFICE:	NA		
					OFFICE ADDRESS	No. area		
UNM	IARRIED CHILDE	REN BELOW EIGH	ITEEN (18) YEAR	S OF AGE L	IVING IN DECLA	ARANT'S	HOUSEHOLD	
		NAME			DATE OF BII	RTH	AGE	
	N/A			_	N/A		N/A	
	N/A			-	N/A		N/A	
	N/A			_	N/A		N/A	
			TS, LIABILITIES					
1. ASSETS a. Real Prop		e of the spouse an living	g in declarant's hou		, , ,			
DESCRIPTION	KIND	LOCATION	ASSESSED VALUE	CURRENT FAIR MARKET VALUE	ACQUISITION		ACQUISITION COST	
(e.g. lot, house and lot condominium and	(e.g.residential,		(As found in the Tax Real Prop	Declaration of	YEAR M	ODE		
improvementsl	agricultural and mixed							
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
				p	Subto	otal: P	N/A	
b. Personal	Properties*							
	DESCRIPTION				EAR ACQUIRED		ACQUISITION COST/ AMOUNT	
Personal Belongi	ng(jewelry, clothin	ig,furniture,applia	nces))	2000-2023			150,000.00	
N/A					N/A		N/A	
				-	Subt	otal: P	150,000.00	
2. LIABILITIES	\$*			7	TOTAL ASSETS	(a + b):	150,000.00	
	NA'	TURE		NAM	E OF CREDITORS		OUTSTANDING BALANCE	
loan				Pag ibig			50,000.00	
loan				GSIS (Help,	Consol EL)		170,000.00	
N/A	N/A	N/A	N/A	N/A	- 511001,1111		N/A	
				1	TOTAL LIABIL	ITIES:	220,000.00	
	-	1	NETWORTH : To	atal Assats T			- 70,000.00	

*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)

 \bigcirc 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
N/A	N/A	N/A	N/A
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 relavtive/s in the government service.

NAME OF RELATIVE	RELATIONSHIP	POSITION	NAME OF AGENCY/OFFICE AND ADDRESS
Elsa B. Alcasoda	sister	MT 1	DepEd Baybay City Division
Ernesto M. Butawann	brother	Vice Mayor	LGU Baybay City
Shandy Marie A. Miot	daughter	Teacher II	DepEd Baybay City Division
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 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.

February 20 2024

Date:

ELIZABETH B. ALBISO		N/A	N/A		
(Signature of Declarant)		(Signature of Co	(Signature of Co-Declarant/Spouse)		
overnment Issue	d ID VSU	Government Issued ID:	N/A		
No.:	VSU 0024 +AZ	ID No.:	N/A		
ate Issued:	Jan. 2,2010	Date Issued:	N/A		
	Baybay City				
SUBSCRIB ated governme	ED AND SWORN to before me nt issued identification card.	this day of 202	4, affiant exhibiting to me		

ATTY. RYSAN C. GUINOCOR

(Person Administering Oath)