SWORN STATEMENT OF ASSETS, LIABILITIES AND NET WORTH

As of <u>December 31, 2023</u> (Required by R.A. 6713)

DECLARANT:	UMPAD	MARIA ELSA	M	POSITION:	Administrative Officer IV
	(Family Name)	(First Name)	(M.I.)	AGENCY/OFFICE:	Office of the President-VSU
ADDRESS:	501 Rizal Ext., Ormoc City			OFFICE ADDRESS:	VSU, Baybay City, Leyte
_		NT SERVICE	E GOVERNME		
SPOUSE:	UMPAD	RUDOLFO	В.	POSITION:	Branch Manager
-	(Family Name)	(First Name)	(M.I.)	AGENCY/OFFICE:	OCCCI
				OFFICE ADDRESS:	Ormoc City
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Sensol	Aratic meurally	W 1 To	DEPEN LEACHE	(barrata)	UUBLAIZA ANNE M. CORDOVA
IINMARRIE	ED CHILDREN BI	CLOW EIGHTE	EN (18) YEARS	OF AGE LIVING IN	DECLARANT'S HOUSEHO

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 (e.g. lot, house and	KIND (e.g. residential,	EXACT LOCATION	ASSESSED	CURRENT FAIR MARKET VALUE	ACQU	ISITION	ACQUISITION COST
lot, condominium and improvements)	commercial, industrial, agricultural and mixed use)		(As found in the Tax Declaration of Real Property)		YEAR MODE		
180 sq.m. lot	Residential	Lucero Subdy, Brgy. Libertad, Ormoc City	150,000.00	200,000.00	2000	Install ment	54,000.00
Renovated house and 75 sq. m lot	Residential	501 Rizal Extension, Ormoc City	500,000.00		2021	Installm ent cash	500,000.00
		KERE Q	G / 2 »	,		Subtotal:	804,000.00

b. Personal Properties*

DESCRIPTION	YEAR ACQUIRED	ACQUISITION COST/AMOUNT
Home appliances / PC and laptop	CY 2000 - 2020	70,000.00
Chevrolet Spin	CY 2015	800,000.00

Subtotal: 870,000.00

TOTAL ASSETS (a+b): 1,674,000.00

SUBSCRIBED AND SWO

2. LIABILITIES*

NATURE	NAME OF CREDITORS	OUTSTANDING BALANCE
HELP	GSIS	27,360.00
Consul	GSIS	3,478.00
Credit cards	BPI and Security	200,000.00
Other Loans	OCCCI	400,000.00
Motorcyle Loan		80,000.00

TOTAL LIABILITIES: 710,838.00

NET WORTH: Total Assets less Total Liabilities = 963,162.00

BUSINESS INTERESTS AND FINANCIAL CONNECTIONS

(of Declarant's spouse/ Unmarried Children Below Eighteen (18) years of Age Living in Declarant's Household)

2 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
NA			
A CONTRACTOR OF THE CONTRACTOR	PUSHION	Maria de la companya	ONTRO TRANSPORT

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
ELEANOR M. GIANAN	sister	DEPED Teacher	Can-adieng Elementary School, Ormoc City
RUDELAIZA ANNE M. CORDOVA	daughter	DEPED Teacher	Nueva Vista Elementary School

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:	AND SOME YEAR	ALUBY WOLLD LOOK OF THE STATE O
(Sigr	nature of Declarant)	(Signature of Co-Declarant/Spouse)
Government Issued ID: ID No.: Date Issued:	VSU V000511	Government Issued ID: UMID CRN 006-1412485-1 Date Issued:
SUBSCRIBED AN government issued idea	D SWORN to before me	this 15day of 2024, affiant exhibiting to me the above-stated
C Set JABOU 4		(Person Administering Oath)
Part of the Control o		