SWORN STATEMENT OF ASSETS, LIABILITIES AND NET WORTH

As of <u>December 31, 2020</u> (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

NARANT: APPLICA FOURTH AND POSITION:

 DECLARANT:
 ARTIGA
 EDILBERTO JR. II
 A.
 POSITION:
 INSTRUCTOR I

 (Family Name)
 (First Name)
 (M.I.)
 AGENCY/OFFICE:
 INSTITUTE OF HUMAN KINETICS

 ADDRESS:
 GUADALUPE
 BAYBAY CITY, LEYTE
 OFFICE ADDRESS:
 VSU, VISCA BAYBAY CITY, LEYTE

SPOUSE: ARTIGA JESSA MARIE G. POSITION: TEACHER III

(Family Name) (First Name) (M.I.) AGENCY/OFFICE: BAYBAY NATIONAL HIGH SCHOOL

OFFICE ADDRESS: 30 DE DECIEMBRE STREET,

BAYBAY CITY, LEYTE

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

NAME DATE OF BIRTH AGE
LUKE RLANDIL G. ARTIGA MAY 11, 2020 10 Months

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		EXACT LOCATION	ASSESSED	CURRENT FAIR MARKET VALUE			ACQUISITION COST
lot, condominium and improvements)			(As found in the Tax Declaration of Real Property)		YEAR	MODE	
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	gremment.	ui eauro naurassu	STHI THE	EL SUMONE OF ST	ous yes		nonsenoid cov

b. Personal Properties*

DESCRIPTION	YEAR ACQUIRED	ACQUISITION COST/AMOUNT
Honda Beat	2020	67,000.00
OPPO RENO 4	2020	18,990.00

Subtotal: Php 85, 990.00

Php

TOTAL ASSETS (a+b): 85,990.00

2. LIABILITIES*

NATURE	NAME OF CREDITORS	OUTSTANDING BALANCE
CONSOL LOAN	GSIS	24,720.82

TOTAL LIABILITIES: 24,720.82

NET WORTH: Total Assets less Total Liabilities = 61, 269.18

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

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

BUSINESS INTERESTS AND FINANCIAL CONNECTIONS

(of Declarant's spouse/ Unmarried Children Below Eighteen (18) years of Age Living in Declarant's 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	te Filana - D. Not Analico	3 Joint Piling D Senore		
Distriction	POSITION	A II 4. oggas III.	DECLARANT: AKTION	
STATE OF THE STATE OF THE STATE	OFFICE ADDRESS: 7	STYJJ TO YAHE G	SERVICE OUR OUT OF SERVICE	

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			
	OF AGE LIVING IN I	SEN 18 YEARS	MMARKIED CHIEDRES BELOW EIGHT
4.	Marin an exec		20.35 4.37
adtes M (1)	TOTAL TENED		A SPECIAL SHIPMAN IN STREET

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: April 7, 20	021				
	OHRIODON SKALY				
THUME YEAR IN CO.	1				
(Signa	ature of Declarant)	(Signature of Co-Declar	urant/Spouse)		
00.000,50	2620				
Government Issued ID:	VISAYAS STATE UNIVERSITY	Government Issued ID:	5.08000.0800		
ID No.:	V00805	ID No.:			
Date Issued:	2013	Date Issued:			
		0 8 APR 2021			
	D SWORN to before me this		ng to me the above-stated		
government issued ide	ntification card.		* Adelironal sheet/s mar		
		ATTY, NYSYI C. GUINOCOR			
		(Person Administering Oa	th)		