SWORN STATEMENT OF ASSETS, LIABILITIES AND NET WORTH

As of May 13, 2025 (Required by R.A. 6713)

| Note | : Husband and wife wi | | als and employee Separate Fi | | | - | · separately. |
|--|---|------------------------------------|-------------------------------|---|---------|--------------------------|--|
| DECLARANT: | PASA (Family Name) BRGY. BIASONG | ELIZABETH (First Name) BAYBAY CITY | D (M.I.) LEYTE | POSITION: AGENCY/OFFICE: OFFICE ADDRESS: | V | SAYAS STAT CA, BARANG | ATIVE AIDE VI TE UNIVERSITY AY PANGASUGAN CITY, LEYTE |
| SPOUSE: | N/A (Family Name) | N/A (First Name) | N.A (M.I.) | POSITION: AGENCY/OFFICE: OFFICE ADDRESS: | | N N | /A //A //A |
| UNMARRI | ED CHILDREN BE NAM N/A | E | (18) YEARS (| DF AGE LIVING DATE OF BIRTH | IN DEC | | AGE N/A |
| 1. ASSETS a. Real | (Including Properties* | those of the spous | se and unmarr | ID NETWORTH ied children belot rant's household) CURRENT FAIR | | een (18) | ACQUISITION |
| (e.g. lot, house and lot, condominium and improvements) | (e.g. residential, commercial, industrial, agricultural and mixed | LOCATION | VALUE | MARKET VALUE the Tax Declaration of | YEAR | MODE | COST |
| N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| 10 Jacob | | | 3317 | 171 8, 23 | | | |
| Service of the servic | | | | | | | ed I 1 .m. |
| b. Person | nal Properties* | (| 3 | | | Subtotal: | yo la commen |
| | | RIPTION | | YEAR A | CQUIRED | | ACQUISITION COST/AMOUNT |
| Appliances | | | | 2021 | | | 17,000.0 |
| Furnitures | gin | | | 2023-2024 | | | 38,000.0 |
| N/A | | | | N/A | | | |

TOTAL ASSETS (a+b): 55,000.00

Subtotal:

55,000.00

ATTY, KAREN ABEGAIL S. MONTERO

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

2. LIABILITIES*

| NATURE | NAME OF CREDITORS | OUTSTANDING BALANCE |
|-------------------------|-------------------|---------------------|
| Multi-Purpose Loan | Pag-IBIG | 13,271.89 |
| Multi-Purpose Loan-Lite | GSIS | 11,911.12 |
| N/A | N/A | |

| TOTAL | LIABILITIES: | 25,183.01 |
|-------|--------------|-----------|
| | | |

NET WORTH: Total Assets less Total Liabilities =

29,816.99

BUSINESS INTERESTS AND FINANCIAL CONNECTIONS

(of 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 |
|---------------------------------------|------------------|---|--|
| N/A | N/A | N/A | N/A |
| | 11/1/2 | 1 | |
| | | | |
| | | | |

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 | |
|----------------------------|---------------|----------------|--|--|
| JOSE BRYAN P. VAÑO | COUSIN | ENGINEER | DEPARTMENT OF AGRARIAN REFORM, CEBU CITY | |
| JANET O. PASA | SISTER-IN-LAW | ADMIN AIDE III | PHILROOTCROPS, VSU, BAYBAY CITY, LEYTE | |
| N/A | N/A | N/A | N/A | |
| News and the second second | | | | |
| 1000 | | | | |

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.

| | W. | | N/A | |
|--------------------------|---------------------|------------------------------------|-----|--|
| (Signature of Declarant) | | (Signature of Co-Declarant/Spouse) | | |
| Government Issued ID: | National ID | Government Issued ID: | N/A | |
| D No.: | 2061-4015-6213-8108 | ID No.: | N/A | |
| Date Issued: | 06/07/2022 | Date Issued: | N/A | |

SUBSCRIBED AND SWORN to before me this ____ government issued identification card.

____, affiant exhibiting to me the above-stated

ATTY. KAREN ABEGAIL S. MONTERO! VSU Director, Legal Affairs and Services

(Person Administering Oath)

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