SWORN STATEMENT OF ASSETS, LIABILITIES AND NET WORTH

As of <u>DECEMBER 31, 2022</u> (Required by R.A. 6713)

| Note: H | ısband | and wife wh | o are both public | officials and employ | ees may file th | ne required si | tatements | jointly or | separatel | y. |
|---|----------------|--------------------------------------|-------------------|---|---|----------------------|------------|------------|---------------|-------------------|
| | Join | t Filing | | Separate Filing | Ø | Not Appli | icable | | | |
| DECLARANT: | CAG | ANDE | LOREME | S. | | POSITION: | | | INSTRUC | FOR I |
| | | nily Name) | (First Name) | (M. I.) | • | AGENCY/O | FFICE: | DEPARTM | ENT OF A | SRONOMY |
| | | | | | | OFFICE AD | DRESS: | UPPER CA | MPUS, VI | SAYAS STATE |
| ADDRESS | $\overline{}$ | | | ATE UNIVERSITY, | - | | | UNIVERSI | TY, BAYBA | Y CITY, LEYTE |
| | BAYB | AY CITY, LEY | TE 6521- A PHILIP | PINES | • | | | | | |
| SPOUSE: | | N/A | N/A | N/A (M. I.) | _ | POSITION: | | | N/A | |
| | (Fat | nily Name) | (First Name) | (M. I.) | | AGENCY/O | ffice: | | N/A | |
| | | | | | | OFFICE AD | DRESS: | | N/A | |
| IINMARK | SIED (| HILDREN | BELOW EIGHT | EEN (18) YEARS | OF AGE LI | VING IN D | ECLARA | NT'S HO | USEHO | LD |
| <u> </u> | | | NAME | | | | | | | AGE |
| | | | name N/A | | | date of birth N/A | | | | N/A |
| | | | N/A | N/A | | | | N/A | | |
| | | | N/A | | | N/A | | | N/A | |
| | | | N/A | | | N/A | | | N/A | |
| | σ. | 7 9* 41 | | S, LIABILITIES | | | 101 | | | |
| | (Inc | tuaing thos | | and unmarried cl ring in declarant's | | eigrueen (. | ioj yeurs | s oj | - # | |
| 1. ASSETS | | | _ | _ | | | | | | |
| a. Real Prope | rties* | | | | | | | | | |
| DESCRIPTION | | KIND | EXACT LOCATION | ASSESSED VALUE | CURRENT PAIR MARKET | ACQ | DIBITION | | | |
| (e.g. let, house and let condeminium and | | g.residential; reial, industrial; | AND CHANCE | (As found in the Tax Real Prop | VALUE Declaration of | YEAR | MOI | | rcomar | non cost |
| improvements) | | turel and mixed | | | | | Car states | | | - A |
| N/A | N | /A | N/A | N/A | N/A | N/A | N/A | | N/I | 9 |
| <u> </u> | .1 | | L | l | 1 | 1 | Subtota | I: P | i i | |
| b. Personal P | roper | ies* | | | | | | | | |
| | an y | DESCRI | PTION | | ¥ | ear acqui | RED | A | CQUISTI AM | TON COST/ OUNT |
| Clothings and Ga | dgets | | | | 2016-2023 | | | | | 85,000.00 |
| Appliances | | | | | 2020-2022 | | | | | 14,000.00 |
| Jewelry | | | | | 2021- 2022 | | | | 15,000.00 | |
| St. Peter Plan | | | | | 2022 | | | | | 10,000.00 |
| | | | | | | | Subtot | al: P | | 124,000.00 |
| | | | | | | TOTAL AS | SETS (a | + b): | | 124,000.00 |
| 2. LIABILITIES | * | | | | | | | | | |
| | | RATU | RB | | NAN | ie of Crei | TORS | 9, | OUTS | ANDING ANCE |
| G. B. S. | | | | | Ot. Detecti | f- Di- | | | | 40,000.00 |
| St. Peter Plan | St. Peter Plan | | | | St. Peter Life Plan TOTAL LIABILITIES: | | | | - !! | 40,000.00 |
| | | | | NETWORTH: | Total Assets | | | - | | 84,000.00 |
| | | | | | | | | | | |

BUSINESS INTERESTS AND FINANCIAL CONNECTIONS

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

 \square 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 | |

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 |
|--------------------|--------------|-------------------------|--|
| DOLCY C. MESA | SISTER | TEACHER | NATUBGAN ELEM. SCHOOL, Brgy. NATUBGAN, KANANGA, LEYTE |
| MURILLO S. CAGANDE | FATHER | BRGY. COUNSELOR | SAN ANTONIO, DUERO, BOHOL |
| LORELLE S. CAGANDE | SISTER | PART TIME INSTRUCTOR | VSU- MAIN CAMPUS, BAYBAY CITY, LEYTE |

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: March 29 | , 2023 | | | | |
|--|---|---|-------------------|--|--|
| Ll-Cagar | rde | -0 -0 1 | N/A | | |
| (Signature | of Declarant) | (Signature of Co-Declarant/Spouse) | | | |
| Government Issued ID No.: Date Issued: | VSU I.D V01105 02/10/2021 | Government Issued ID No.: Date Issued: | N/A N/A N/A | | |
| SUBSCRIBED A | AND SWORN to before me this ment issued identification card. | 3 1 MAR 2023 day of 2027, affiant exhibiting to me the company of the comp | | | |