SWORN STATEMENT OF ASSETS, LIABILITIES AND NET WORTH As of __pecember, 2015

			(Required by R.A.	6713)					
Note: Hu	isband and wife wh	no are both publi	c officials and employees	may file the	e required .	statements jo	intly or sep	arately.	
	Joint Filing] Separate Filing		Not App	licable			
DECLARANT:	Esquerm,	Erha	S		POSITION:		Almin	Aide II	
	(Family Name)	(First Name)	(M. I.)		AGENCY/C		VSU	110-2	
					OFFICE AL		isea. B	a ban G'	
ADDRESS	189 E. Ja	cinto St.	Ban bong City		01110212		1,0,0	9 1	
	Leyte) , , , , ,			-	- Joy C		
SPOUSE:	N/A	J	the second of the second of			_		116	
SPOUSE.	(Family Name)	(First Name)	(M.I.)		POSITION: N/A AGENCY/OFFICE:				
					OFFICE AD				
UNMARK	RIED CHILDREN	BELOW EIGH	TEEN (18) YEARS O	F AGE LIV	ING IN D	ECLARANT	's House	HOLD	
		NAME	14 14 14 14 14 14 14 14 14 14 14 14 14 1		DATE OF BIRTH			AGE	
	NA		E						
			1.10						
	(Including those		TS, LIABILITIES AND and unmarried children			l years of av			
	income in the control of the control	livi	ng in declarant's hous	ehold)	meen (10	g years of ag	ge	•	
1. ASSETS									
a. Real Proper	rties*								
				URRENT	(195 · V)	100 P. Jan 10		e v	
DESCRIPTION	KIND	EXACT: LOCATION	ASSESSED VALUE V	TAIR MARKET	AGQ	UISITION			
				VALUE			ACQI	ISITION COST	
and a continuous and also also		00.0		1 (10) (10)	YEAR	MODE			
				and the second second					
			5 Dr. 17627						
			3 3				6	.00	
	A.		12:1						
			1						
						Subtotal: P	0.	90	
b. Personal Pr	operties*								
			Total	The state of		an Decision Miles (Assess	Acon	ISITION COST/	
	DESCRI	dutok	Apa 24	Y 157A	R ACQUI	RID)D		AMOUNT	
Laptop			7	ð	2014		23	7,000/	
LG Ccellph	one)			at	712	1 2	5,	000 /	
3			4.5					Y	
	`		nier fi				1		
						Subtotal: P		3,000/	
				TOTAL A				/	
2. LIABILITIES*			, 20	T	JIAL AS	SETS (a + b	1:	,000/.	
	NATU	•					. Our	TSTANDING	
	VA.UJ.			NAME	OF CRED	HORS		BALANCE	
				79	OTAL TE	ADII			
				Т	OTAL LI	ABILITIES:			

NETWORTH: Total Assets Less Total Liabilities =

28, 000

BUSINESS INTERESTS AND FINANCIAL CONNECTIONS

(of Declarant/ Declarant's spo	use/ Unma rried Children Be	elow Eighteen(18) years of I	Age Living in Declaran	t Household)
	I/ We do not have any	business interest or f	inancial connectio	n.
				D.Ville (Vi
NAME OF ENTITY/BUSINESS	Business addri	A CONTRACTOR OF THE PROPERTY O	F BUSINESS A	DATE OF COUISITION OF
ENTERPRISE	HUSINGS ADDR		ST &/OR CONNECTION	INTEREST OR CONNECTION
none	in the second			
	4	-		
	DEL AMILIES IN MILE	TOWERNE SERV	WOE.	
	RELATIVES IN THE C	JOVERNMENT SERV	TCE	
(Within the Fourth	Degree of Consanguinity			
	I/ We do not know of a	any relavtive/s in the	government servic	e.
NAME OF RELATIVE	RELATIONSHIP	POSITION	NAME OF AGEN	CY/OFFICE AND
			ADD	RESS -
Erlinda S. Esquerra	Mother	Accountant	VSU/Acety. O	ffice Baybay Ci
Erlinda S. Esquerra Celso F. Sacro	Mother Consin	Accountant Admin Aide II	VSU/Acety. O VSU/Cash Offi	ce Boybay Cit
	5 by 2 220		I	
I hereby certify that the business interests and financial				
eighteen (18) years of age living	in my household, and	that to the best of m	y knowledge, the	above-
enumerated are names of relati	ives in the government	within fourth civil d	egree of consangu	linity or affinity.
I hereby authorize the	Ombudsman or his/h	er duly authorized re	presentative to ob	tain and secure
from all appropriate governmen	nt agencies, including t	he Bure au of Interna	l Revenue such d	ocuments that
may show my assets, liabilities my spouse and unmarried child	17 7 1997			
years to include the year I first	assumed office in gove	ernment.		
Date:				
like I				
(Signature of Declarar	nt)	(Signature of Co	o-Declarant/Spouse)
Comment of the Comment			•	
Government Issued PRC Vicus ID No.: 00/57	54	Government Issued ID No.:	· · · · · · · · · · · · · · · · · · ·	• • • • • • • • • • • • • • • • • • • •
Date Issued:		Date Issued:		
SUBSCRIBED AND SWOR	N to before me this	day of MAR 0 3 200	13, affiant exhibi	ting to me the
above-stated government issue	d identification card.	MI		
		ATTV KVKN	AL GINNUCUE	2
		(Person	Administering Oath	1)