SWORN STATEMENT OF ASSETS, LIABILITIES AND NET WORTH

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

(Required by R.A. 6713)

Declarant Separate Filing Separate Filing Positions SECURITY GUARD	Note: H	usband and wife wh	o are both public	officials and employ	yees may file ti	ne required s	tatements jo	ointly or separately.
DESCLARANT: ESCASINAS VIRGILIO A PORTTOR: AGRICUT/POPTICE VISANAS STATE UNIVERSITY VISA, AGRICUT/POPTICE VISA, Baybay City, Leyte		_	. 🗆		_			•
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ADDRESS VSU, Visca, Baybay City, Leyte SPOURSE ESCASINAS LALAINE B POSITION: NA AGENCY/OFFICE: SPOURSES: SP					_		_	
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NONE	SPOUSE:				-	POSITION:	_1	N/A
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^{*}Additional sheet/s may be used, if necessary.

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 NONE		BUSINESS ADDRESS	NATURE OF BUSINESS INTEREST &/OR FINANCIAL CONNECTION	DATE OF ACQUISITION OF INTEREST OR CONNECTION	
		NONE	NONE	NONE	
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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 relavtive/s in the government service.

NAME OF RELATIVE	RELATIONSHIP	POSITION	NAME OF AGENCY/OFFICE AND ADDRESS	
NONE	NONE	NONE	NONE aggregates and a	
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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.

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Date:					
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A July	$/\!/\!\!\!/$				
VIRGINO A ESCASINAS	LALAINÉ B. ESCASINAS				
(Signature of Declarant)	(Signature of Co-Declarant/Spouse)				
Government Issued ID: VSU ID	Government Issued ID:				
ID No.: V-000197	ID No.:				
Date Issued:	Date Issued:				
0.515					
SUBSCRIBED AND SWORN to before me this_	day of2021, affiant exhibiting to me the				
above-stated government issued identification card.	1- HIRON BON / Mgm				
	APTY, BEAN C. GUINOCOR				
Page	e 2 of (Person Administering Oath)				