## SWORN STATEMENT OF ASSETS, LIABILITIES AND NET WORTH

As of DECEMBER 31, 2023

(Required by R.A. 6713)

Not		who are both public offic Joint Filing	cials and employee  □ Separate Fi			S 50	r separately.	
DECLARANT:	ALVIOLA (Family Name)	ULDERICO (First Name)	B. (M.I.)	POSITION: ASSISTANT PROAGENCY/OFFICE: DEPT. OF DEVE				
ADDRESS:	VSU			OFFICE ADDRESS		MUNICATIO		
ADDRESS.	VISCA, BAYBAY CI	TY, LEYTE		OFFICE ADDRESS	:	VSU, VISCA, BAYBAY CITY, LEYTE		
					-			
SPOUSE:	NONE (Family Name)	(First Name)	(M.I.)	POSITION: AGENCY/OFFICE:	NON	IE .		
	(raini) raine)	(i ii st italie)	(111.1.)	OFFICE ADDRESS	:			
UNMARRI	NA	BELOW EIGHTEEN ME NE	(18) YEARS (	DE AGE LIVING	IN DEC		AGE	
1. ASSETS a. Real	(Includin	g those of the spous years of age  EXACT LOCATION	living in declar	current fair		JISITION	ACQUISITION	
lot, condominium and improvements)	commercial, industrial, agricultural and mixed use)	BOCATION		MARKET VALUE the Tax Declaration of al Property	YEAR	MODE	COST	
	use		Re	ai Property)				
NONE	None	NONE	NONE	None		-	NONE	
h Person	nal Properties*					Subtotal:		
D. 1 01001								
	DESC	CRIPTION		YEAR A	CQUIRED		ACQUISITION COST/AMOUNT	
Yamaha Aeroz	x Motorcycle						100,000.00	
Macbook Pro Laptop							130,000.00	
iPhone 14 Pro Max							118,000.00	
Car Toyota Vios							400,000.00	
Car Toyota Vio	os						400,000.00	
						Subtotal:	PhP 1,148,000.00	
				TOTA	AL ASSI	ETS (a+b):	PhP 1.148.000.00	

<sup>\*</sup> Additional sheet/s may be used, if necessary.

## 2. LIABILITIES\*

NATURE	NAME OF CREDITORS	OUTSTANDING BALANCE
Consol Loan	GSIS	206,156.64
HELP	GSIS	27,365.76
Emergency, Special and Regular Loan	VSUCDC	332,325.00

TOTAL LIABILITIES:

PhP 565,847,40

NET WORTH: Total Assets less Total Liabilities =

PhP 582,152.60

## 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.

	DATE OF ACQUIS INTEREST OR COL	NATURE OF BUSINESS INTEREST &/OR FINANCIAL CONNECTION	BUSINESS ADDRESS	NAME OF ENTITY/BUSINESS ENTERPRISE
/A	N/A	N/A	N/A	N/A
	N/	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
N/A	N/A	N/A	N/A

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	15, 2024				
ULDER	CO B. ALVIOLA		N/A		
(Signature of Declarant)		(Signature of Co-Declarant/Spouse)			
Government Issued ID:	GSIS	Government Issued ID:	N/A		
ID No.:	CRN-006-0051-2769-4	ID No.:	V/A	_	
Date Issued:		Date Issued:	NA	_	

1 5 APR 2024

**SUBSCRIBED AND SWORN** to before me this 27th day of April 2023, affiant exhibiting to me the above-stated government issued identification card.

ATTY. RYSAN C. GUINOCOR (Person Administering Oath)

<sup>\*</sup> Additional sheet/s may be used, if necessary.