

SWORN STATEMENT OF ASSETS, LIABILITIES AND NET WORTH

As of December 31, 2023

(Required by R.A. 6713)

Note: Husband and wife who are both public officials and employees may file the required statements jointly or separately.

☐ Joint Filing

☐ Separate Filing

☒ Not Applicable

DECLARANT:	DIAO JOHN MARTIN ALEA (Family Name) (First Name) (M. I.)	POSITION:	INSTRUCTOR 1
		AGENCY / OFFICE:	DLABS-VSU MAIN
ADDRESS	425 M.L. QUEZON ST. BAYBAY CITY, LEYTE	OFFICE ADDRESS:	BRGY. PANGASUGAN VISCA, BAYBAY CITY, LEYTE
SPOUSE:	NA (Family Name) (First Name) (M. I.)	POSITION:	NA
		AGENCY / OFFICE:	NA
		OFFICE ADDRESS:	NA

UNMARRIED CHILDREN BELOW EIGHTEEN (18) YEARS OF AGE LIVING IN DECLARANT'S HOUSEHOLD

NAME	DATE OF BIRTH	AGE
NA	NA	NA
NA	NA	NA
NA	NA	NA

ASSETS, LIABILITIES AND NETWORKTH

(Including those of the spouse and unmarried children below eighteen (18) years of age living in declarant's household)

1. ASSETS

a. Real Properties*

DESCRIPTION <small>(e.g. lot, house and lot condominium and</small>	KIND <small>(e.g.residential, commercial, industrial, agricultural and</small>	EXACT LOCATION	ASSESSED VALUE	CURRENT FAIR MARKET VALUE	ACQUISITION		ACQUISITION COST
			<small>(As found in the Tax Declaration of Real Property)</small>		YEAR	MODE	
NA	NA	NA	NA	NA	NA	NA	NA
NA	NA	NA	NA	NA	NA	NA	NA

Subtotal: P NA

b. Personal Properties*

DESCRIPTION	YEAR ACQUIRED	ACQUISITION COST / AMOUNT
Apple iPhone 13 and Apple iPad Air 5	2022	93,000.00
MIO SOUL I 125S	2018	80,000.00
Apple MacBook Air 2020	2022	55,000.00
JBL Charge 4 and Sony WH1000XM4	2020 and 2021	21,000.00
Bank Savings Deposit and COOP Share Capital	2023	150,000.00
Subtotal: P		399,000.00
TOTAL ASSETS (a + b):		399,000.00

2. LIABILITIES*

NATURE	NAME OF CREDITORS	OUTSTANDING BALANCE
Regular Loan	VSU Credit Cooperative	3,095.25
BETES	VSU Credit Cooperative	21,752.07
NA	NA	NA
NA	NA	NA

TOTAL LIABILITIES: 24,847.32

NETWORTH : Total Assets Less Total Liabilities = 374,152.68

*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)

☒ 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
NA	NA	NA	NA
NA	NA	NA	NA
NA	NA	NA	NA
NA	NA	NA	NA

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
ELENA A. DIAO	PARENT	ADMIN AIDE	HILONGOS DISTRICT HOSPITAL
CERENIA A. DIAO	AUNTIE	Admin Aide	PROVINCE OF LEYTE
CATHERINE A. DIAO	AUNTIE	Admin Aide	WESTERN LEYTE PROVINCIAL HOSPITAL
LEO D. LARAGA	COUSIN	P. Gylonel	PHILIPPINE NATIONAL POLICE

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 : Jan. 24, 2024

(Signature of Declarant)

Government Issued ID: Driver's License

ID No. : H12-18-001610

Date Issued: 5-May-18

NA

(Signature of Co-Declarant/Spouse)

Government Issued ID: NA

ID No. : NA

Date Issued: NA

26 JAN 2024

SUBSCRIBED AND SWORN to before me this _____ day of _____ 2024 affiant exhibiting to me the above-stated government issued identification card.

RYSAN C. GUINOCOR
(Person Administering Oath)