SWORN STATEMENT OF ASSETS, LIABILITIES AND NET WORTH

. P . 4

As of December 31, 2019

(Required by R.A. 6713)

| Note: Hi | ısband and wife wh | o are both public | officials and employ | ees may file th | e required state | ements jointl | y or separate | ely. |
|--|--|--|--|----------------------|------------------|--|----------------------|-------------------|
| | Joint Filing | | Separate Filing | | Not Applical | ble | | |
| DECLARANT: | ESGUERRA | , ERLY | S. | | POSITION: | ADM | IN. AIDE IV | |
| | (Family Name) | (First Name) | (M. I.) | - | AGENCY/OFFIC | | - SPPMO | |
| | | | | | OFFICE ADDRE | ss: VISC | A, BAYBAY | CITY, |
| ADDRESS | 189 E. JACIN | TO ST., BAY | BAY CITY, | _ | | LEY | re | |
| | LEYTE | | | - | | | | |
| SPOUSE: | 4 | AIA | | | POSITION: | N | ı/A | |
| | (Family Name) | (First Name) | (M. I.) | | AGENCY/OFFIC | 1 | | |
| | | | | | OFFICE ADDRE | ESS: | | |
| TWINADI | DIED CHII DEEN | DELOW FIGU | PER (10) VEAD | OF ACE III | THE IN DROI | AD ANTIC | HOUSERO | I D |
| UNMAR | RIED CHILDREN | NAME | IEEN (18) IEARS | OF AGE LIV | | | HOUSEHO | AGE |
| | | NAME | | | DATE OF BIRTH | | | AGE |
| | | (-1/- | | - | | | · — | |
| | | | | - | | | | |
| | | | | - | | | | |
| | (Including these | | S, LIABILITIES A | | | are of ago | | |
| | including those | | nd unmarried chil ng in declarant's h | | grueen (10) ye | curs of age | | |
| 1. ASSETS | | | | · | | | | |
| | | | | | | | | |
| a. Real Prope | rties* | | | | | | | |
| | J. C. Grand Springers and St. Charles | EXACT | ASSESSED | CURRENT | | in the state of th | port of the man | |
| DESCRIPTION | KIND | LOCATION | VALUE | MARKET | ACQUISI | ETION | ACOTTE | TION COST |
| (e.g. lot, house and lot | (e.g.residenția), | | (As found in the Tex | VALUE Declaration of | | | AcQuiai | tion cost |
| condominium and improvemental | commercial, industrial, | | Real/Prop | | YEAR | MODE | | |
| | | | | | | | | |
| NIA | | | | | | | | |
| | | i : | | | | | | |
| | | | | | Su | ıbtotal: P | N/A | • |
| b. Personal P | roperties* | • | | | | | | |
| | | om en en roma. Index and and and an end of | | | | Support transport for social given constitution | | |
| j. Carl di | DESCRIE | PTION A TRAFF | inn da wat. | posti da Ye | AR ACQUIRE | de la la | | ion cost/ ount |
| CELLPHONE (OPP | O F1S) | | | | 2017 | | | 13,000.00 |
| Cash on Bank | | | | | 2019 | | | 40,000.00 |
| | | | | | | | | |
| | | | | | | · | | |
| | | | | | · · · · · · | | | |
| | | | | | Su | ıbtotal: P | | 53,000.00 |
| | | | | 1 | TOTAL ASSE | TS (a + b): | | 53,000.00 |
| 2. LIABILITIES* | | | | | | | | |
| e de la companya de | | RE. | | NAMI | e of credito | rs. | | Anding Ance |
| ne mentrales de la companya de la c | u in the deposit their Method Australia, and the | and the second s | ann an taith an airtean de Alain an Airt an Ai | | | | mades and the second | |
| | | | | | | | N/K | |
| | | | | | | | 1 | |
| | | | | | | | | |
| | | | Dan- 4 - 4 | | TOTAL LIAB | | ИЛА | |
| | | | networtho: 1 | otal Assets I | Less Total Li | abilities = | | 53,000.00 |

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 | |
|---------------------------------------|------------------|---|---|--|
| Portes Wella, BAYCO Y Colo | 301.10 | | | |
| 21724 | | THE WAY, TO OTHER | 300 BOO | |
| | | | | |
| | | 4113 | | |
| | 1 83322 | | | |
| 2299.15 | | | | |

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 | | | |
|---------------------|--------------|-----------------|---|--|--|--|
| ERLINDA S. ESGUERRA | MOTHER | ACCOUNTANT IV | VISAYAS STATE UNIVERSITY/Visca, Baybay City, Leyte | | | |
| CELSO SACRO | COUSIN | ADMIN. AIDE III | VISAYAS STATE UNIVERSITY/Visca, Baybay City, Leyte | | | |
| | Taganga : | | | | | |
| | POST TOTAL | Paradaman Nor | SACAT STREET MOLLACION | | | |

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 :1 0 | JUN 2020 | | | |
|--------------------------|---|------------------|---|-----|
| 9 | why " | | | |
| (Signature of Declarant) | | (Signat | ure of Co-Declarant/Spouse) | |
| | | | | |
| Government Issue | d ID: PRC ID | Government Is | ssued ID: | |
| ID No.: | 15954 | ID No.: | 451104 | |
| Date Issued: | 8/16/2012 | Date Issued: | the according to the company of the | |
| | ED AND SWORN to before me this ernment issued identification card | | 2020 affiant exhibiting to me RYSAN C. GUINOCOR (Person Administering Oath) | the |
| | Pa | ge 2 of <u>2</u> | | |