SWORN STATEMENT OF ASSETS, LIABILITIES AND NET WORTH

As of **December 31, 2019**

(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 | \square | Not Applica | ıble | |
|----------------------------------|---|--------------|--|-------------------|---------------|------------------------|-----------------------|
| DECLARANT: | GARRIDO | ROMMEL JR | . м. | | POSITION: | INS | TRUCTORI |
| | (Family Name) | (First Name) | (M. L) | - | AGENCY/OFF | | AYAS STATE UNIVERSITY |
| | | | | | OFFICE ADDR | | AYAS STATE UNIVERSITY |
| ADDRESS | ILIHAN, MAC | ROHON, | | | | | CA, BAYBAY, LEYTE |
| | SOUTHERN L | | | - - | | | |
| SPOUSE: | NONE | | | | POSITION: | N.A | • |
| | (Family Name) | (First Name) | (M. I.) | - | AGENCY/OFF | TCE: N.A | • |
| | | | | | OFFICE ADDE | RESS: N.A | • |
| | | | | | | | |
| ONMAKE | RIED CHILDREN | | EEN (18) YEAR | S OF AGE LI | | | |
| NAME | | | | DATE OF | | AGE | |
| | | N.A. | - | _ | N.4 | м. | N.A. |
| | | | | - | | | |
| | | | | | | | |
| | (Including the | | 8, LIABILITIES A and unmarried cl | | | l ugges of | |
| | (Michaelling true | | ring in declarant's | | eigrueen (10) | years of | |
| 1. ASSETS | | _ | | • | | | |
| | 40 | | | | | | |
| a. Real Prope | erties" | | | | | | |
| | | EXACT | ASSESSED | CURRENT | | | |
| DESCRIPTION | KIND | LOCATION | VALUE | MARKET | ACQUIS | ITION | ACQUISITION COST |
| (e.g. lot, house and lot | (e.g.residential, | | (As found in the Tax | | | | ACQUISITION COST |
| condominium and improvements) | commercial, industrial, exricultural and mixed | | Real Prop | orty) | YEAR | MODE | |
| NONE | | | | | | | |
| NONE | | | | | | | |
| | <u> </u> | | | <u> </u> | <u></u> | | L |
| | | | | | Si | ubtotal: P | • |
| b. Personal P | roperties* | | | | | | |
| | DESCRI | PTION | | YE | AR ACQUIRE | | ACQUISITION COST/ |
| LAPTOP | | | 2016 | | | AMOUNT | |
| | | | | | | | 24,000.00 |
| MOTORBIKE | | | | 2019 | | 106,500.00 | |
| | | | | | | | |
| <u></u> | | | | | | | |
| | | | | | | ;- | |
| | | | • | <u> </u> | | | <u></u> |
| | | | | | St | abtotal: P | 130,500.00 |
| 2. LIABILITIES* | , | | | 1 | OTAL ASSE | TS (a + b): | 130,500.00 |
| | | | | <u></u> | | | OTPOOR A STREET |
| NATURE | | | | NAME OF CREDITORS | | Outstanding Balance | |
| MONTHLY MOBIL | E PLAN | | | | GLOBE | | 14,182.00 |
| | · · · · · · · · · · · · · · · · · · · | ···· | | | | | |
| | | | | | | | |
| | | | | | TOTAL TOTAL | OFF PROPERTY. | L |
| | | | ******** | | TOTAL LIAE | | 14,182.00 |
| | | | NETWORTH : To | otal Assets L | ess Total Li | abilities = | 116,318.00 |
| *Additional sheet/s may l | be used, if necessary. | | | | | | |

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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 |
|---------------------------------------|------------------|---|--|
| NONE | | | 691 % |
| | | | |
| | | 100 | 3-1 |
| . 0 | | | |

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 |
|----------------------------|--------------|------------|--------------------------------------|
| PRINCE ELVIS T. GARRIDO | UNCLE | POLICEMAN | MAHAPLAG POLICE STATION |
| MICHAEL DOMINIC M. GARRIDO | BROTHER | INSTRUCTOR | VISAYAS STATE UNIVERSITY |
| ROMMEL T. GARRIDO | FATHER | POLICEMAN | SLPPO |

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: July 3 | 1, 2020 | |
|--------------------------|--|---|
| ROMMEL | M. GARIDO JR | |
| (Signature of Declarant) | | (Signature of Co-Declarant/Spouse) |
| Government Issued | IE UNIVERSITY ID | Government Issued ID: |
| ID No.: | V00863 | ID No. : |
| Date Issued: | OCTOBER 1, 2014 | Date Issued: |
| | O AND SWORN to before ment issued identification | e this _5th_ day of _May 2018 affiant exhibiting to me the card. RYSANG. GUINOCOR (Person Administering Oath) |