SWORN STATEMENT OF ASSETS, LIABILITIES AND NET WORTH

As of September 30, 2022

(Required by R.A. 6713)

	fusbana ana wije who £ Joint Filing	£	Separate Filing				any or separatery.
	L oout Fung	L	Separate Fung	£	Not Applie	cable	
DECLARANT:	ESGUERRA	, ERLY	S.		POSITION:	AD	OMIN. AIDE VI
	(Family Name)	(First Name)	(M. L)	_	AGENCY/OF		SU- BUDGET
					OFFICE ADD		SCA, BAYBAY CITY, LEYTE
ADDRESS	189 E. JACINT	O ST., BAYBA	Y CITY,				
	LEYTE			_			
SPOUSE:	N/A				POSITION:	N/	Δ
	(Family Name)	(First Name)	(M. I.)	-	AGENCY/OF		^
					OFFICE ADD		
UNMAR	RIED CHILDREN	BELOW EIGHT	EEN (18) YEARS	OF AGE LIV	/ING IN DE	CLARANT	'S HOUSEHOLD
		NAME			DATE (OF BIRTH	AGE
	N/A			_			
				_			
				_			
		ACCOMM					
	(Including thes		s, LIABILITIES I and unmarried cl			0)	
	(including troos	age liv	ing in declarant's	household)	eignieen (1	8) years of	
1. ASSETS							
a. Real Prop	erties*						
				CURRENT			
DESCRIPTION	KIND	EXACT LOCATION	ASSESSED VALUE	FAIR MARKET	ACQU	ISITION	
		LOCATION	VALUE	VALUE			ACQUISITION COST
(e.g. lot, house and lot condominium and	(e.g.residential, commercial, industrial,		(As found in the Tax Declaration of Real Property)		YEAR MO	MODE	DE
improvements)	agricultural and mixed						
N/A							
11/11		2 2 7 2					
				1			I

b. Personal Properties*

DESCRIPTION	YEAR ACQUIRED	ACQUISITION COST/ AMOUNT
CELLPHONE (REAL ME)	2022	11,000.00
OPPO F1S	2020	13,000.00
Cash On Bank		11,000.00
OVEN	2020	20,000.00
	Subtotal: P	35,000.00
Q LIADUITORO	TOTAL ASSETS (a + b):	35,000.00

2. LIABILITIES*

NATURE	NAME OF CREDITORS	OUTSTANDING BALANCE	
The second of the same of the	the a second control to the second		
18 OCT 2022			
PALE TO THE PARTY OF THE PARTY			
	TOTAL LIABILITIES:		
NETWORTH: Tot	ORTH: Total Assets Less Total Liabilities = 35,000.00		

^{*}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)

 $^{\mathsf{C}}$ 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
N/A	4		

RELATIVES IN THE GOVERNMENT SERVICE

(Within the Fourth Degree of Consanguinity or Affinity. Include also Bilas, Balae and Inso)
c I/We do not know of any relavtive/s in the government service.

NAME OF RELATIVE	RELATIONSHIP	POSITION	NAME OF AGENCY/OFFICE AND ADDRESS
CELSO F. SACRO	COUSIN	ADMIN. AIDE VI	VSU/ CASH OFFICE
MARISOL G. SACRO	COUSIN	TEACHER 1	CIABU NATIONAL HIGH SCHOOL

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:				
Ow ERLY S.	SGUERRA			
(Signature of Declarant)		(Signature of Co-Declarant/Spouse)		
Government Issued ID No. :	NATIONAL ID 6571-8517-5874-6283	Government Issued ID No. :		
Date Issued:	10.23.2021	Date Issued:		
	AND SWORN to before me this issued identification card.	s 4th day of October 2022 Affiant exhibiting ATY, RYSAN C. GUINOCOR VSU Chief Legal Officer	to me the above	
		(Person Administering Oath)		