SWORN STATEMENT OF ASSETS, LIABILITIES AND NET WORTH

As of December 31, 2023

(Required by R.A. 6713)

ADDRESS	Joint Filing ESGUERRA (Family Name)	ERLY	Separate Filing		Not Applicable		
ADDRESS		ERLY					
	(Family Name)		S.		POSITION:	ADMIN.	AIDE VI
		(First Name)	(M. I.)		AGENCY/OFFICE:	BUDGET	OFFICE (VSU)
	189 E. JACIN	TO ST BAYR	AV CITY		OFFICE ADDRESS:	Visca, Ba	aybay City, Leyte
	LEYTE	TO ST. DATE	AT OITT,	-		-	
POUSE:	N/A			-	POSITION:	N/A	
	(Family Name)	(First Name) (M. I.)	(M. I.)		AGENCY/OFFICE:	N/A	
					OFFICE ADDRESS:	N/A	
	ED CHILDREN	BELOW EIGHT	EEN (18) YEARS	S OF AGE LI	VING IN DECLAR DATE OF BIR N/A		DUSEHOLD AGE N/A
All I	(Including thes		, LIABILITIES A		RTH eighteen (18) yea	urs of	
a. Real Prope	rties*	age uv	ng in declarant's	32-			S. 16 - 6.1 - 0.12
DESCRIPTION	KIND	EXACT LOCATION	ASSESSED VALUE	FAIR MARKET VALUE	ACQUISITION	CONTRACTOR OF STREET	.cquisition cost
(e.g. lot, house and lot condominium and commercial, industrial, improvements) agricultural and mixed		(As found in the Tay Real Proj		YEAR MO	DDE		
N/A	N/A	N/A	N/A	N/A	N/A N	/A	N/A
1151 12.73		hāi thuric i	ign ignir ge			ngga mengg majadah	
b. Personal Pr	roperties*				Subtot	al: P	•
	DESCRI	PTION		YE	CAR ACQUIRED	A	CQUISITION COST/
Mobile Phone				2022			AMOUNT 11,000.00
Oven		1 T E		2020			20,000.00
Cash in Bank				2023			40,000.00
			The Innering	1	Subto	tal: P	71,000.00
2. LIABILITIES*				T	TOTAL ASSETS (a + b):	71,000.00
NATURE			NAME OF CREDITORS			OUTSTANDING BALANCE	
N/A				N/A			N/A
	1	TENTO DE LA COMP					
-					TOTAL LIABILI		-

^{*}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
N/A	N/A	N/A	N/A
			[40] 1.180
	11 11 72-7		
	1 78 3 541	*** **********************************	3,5

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 relautive/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: April	4, 2024				
	2 1				
	July s	N/A			
(Signatur	e of Declarant)	(Signature of Co-Declarant/Spouse)			
	•				
Government Issued ID: NATIONAL ID		Government Issue	ed IDN/A		
ID No.:	6571-8517-5874-6283	ID No.:	N/A		
Date Issued:	10/23/2021	Date Issued:	N/A		
	D AND SWORN to before me t issued identification card.	this 4th day of April 2	024 affiant exhibiting to me the above		
			RYSAN Ø. GUINOCOR		
		(Pe	erson Administering Oath)		