

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 ☒ Not Applicable

DECLARANT:	LESIDAN	JAMES ROY	P	POSITION:	INSTRUCTOR
	(Family Name)	(First Name)	(M.I.)	AGENCY/OFFICE:	VSU
ADDRESS:	BRGY. MARCOS,	BAYBAY CITY,	LEYTE	OFFICE ADDRESS:	VISCA, BAYBAY CITY, LEYTE
SPOUSE:	N/A			POSITION:	N/A
	(Family Name)	(First Name)	(M.I.)	AGENCY/OFFICE:	
				OFFICE ADDRESS:	

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

NAME	DATE OF BIRTH	AGE
N/A	N/A	N/A

ASSETS, LIABILITIES AND NETWORTH

(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 (e.g. lot, house and lot, condominium and improvements)	KIND (e.g. residential, commercial, industrial, agricultural and mixed use)	EXACT LOCATION	ASSESSED VALUE	CURRENT FAIR MARKET VALUE	ACQUISITION		ACQUISITION COST
			(As found in the Tax Declaration of Real Property)		YEAR	MODE	
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Subtotal: —

b. Personal Properties*

DESCRIPTION	YEAR ACQUIRED	ACQUISITION COST/AMOUNT
GADGETS (e.g. Cellphone, Laptop, Hard Drive)	2018	16, 300.00
CLOTHING (e.g. Shirts, Shorts, Pants, Bags, etc.)	2018	6, 050.00
MOTORCYCLE	2017	51, 200.00
ST. PETER'S LIFE INSURANCE	2018	8, 250.00
MANULIFE CHINA BANK LIFE INSURANCE	2018	16, 500.00

Subtotal : 98, 300.00

TOTAL ASSETS (a+b): 98, 300.00

* Additional sheet/s may be used, if necessary.

2. LIABILITIES*

NATURE	NAME OF CREDITORS	OUTSTANDING BALANCE
FINANCIAL ASSISTANCE PROGRAM	VSU	7, 000.00

TOTAL LIABILITIES:
7, 000.00

NET WORTH : Total Assets less Total Liabilities =
91, 300.00

* 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's 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

RELATIVES IN THE GOVERNMENT SERVICE

(Within the Fourth Degree of Consanguinity or Affinity. Include also Bilas, Balae and Inso)

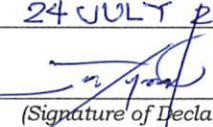
☐ I/ We do not know of any relative/s in the government service)

NAME OF RELATIVE	RELATIONSHIP	POSITION	NAME OF AGENCY/OFFICE AND ADDRESS
ALVIN P. LESIDAN	BROTHER	TEACHER III	DEPED 5 TH DISTRICT, BAYBAY, LEYTE
RIZA ANIMOS	AUNTIE	TEACHER III	DEPED SOGOD, SOUTHERN LEYTE
MENCIUS B. LESIDAN	COUSIN	SRA	NARC, VSU, VISCA, BAYBAY, LEYTE
VERONICO R. PADERES	UNCLE	ADMIN AIDE I	HELVMU, VISCA, BAYBAY, LEYTE
MAY GRANJAN C. LESIDAN	SISTER-IN-LAW	TEACHER II	DEPED 5 TH DISTRICT, BAYBAY, LEYTE
EMMANUEL P. LESIDAN	BROTHER	LAB. TECH	DME, VSU, VISCA, BAYBAY, LEYTE

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 my relatives in the government within the 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:
24 JULY 2020



(Signature of Declarant)

Government Issued ID:
PRC ID

ID No.:
0008605

Date Issued:
SEPT. 16, 2016

N/A

(Signature of Co-Declarant/Spouse)

Government Issued ID:

ID No.:

Date Issued:

24 JUL 2020

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



ATTY. RYSAN G. GUINOCOR
VSU/LEA (Person Administering Oath)