## SWORN STATEMENT OF ASSETS, LIABILITIES AND NET WORTH As of December 31, 2019

(Required by R.A. 6713)

	Joint Filing	PATE DE ROTA	Separate Filing		Not Applical	ble		
ECLARANT:	ESTOR (Family Name)	LOVELY MA (First Name)	(M. I.)	egna ezuki	POSITION:	-	SUBSTITUTE INSTRUCTOR I	
DDRESS	30 DE DECIEMBRE ST., BAYBAY CITY, LEYTE		ngo - Mindrey (According to the Contract of th	AGENCY/OFFIC		CA, BAYBAY CITY, LEYTE		
POUSE:	(Family Name) (First Name) (M. I.)		-	POSITION: AGENCY/OFFICE: OFFICE ADDRESS:		AVA		
UNMARI	RIED CHILDREN	BELOW EIGHT	EEN (18) YEARS	OF AGE LI	VING IN DECI		HOUSEHOLD AGE	
	STATUS INSIDE	s in the govern	fang reastne	o aronal s as a	LI PWe de			
ASSETS a. Real Prope	(Including those	of the spouse an living	s, LIABILITIES A d unmarried chii g in declarant's h	dren below e	795 ( 1007 16)	ears of age	Madride Linguray Gina Cquias	
DESCRIPTION	KIND	EXACT LOCATION	ASSESSED VALUE	CURRENT FAIR MARKET VALUE	FAIR ACQUISITION		ACQUISITION COST	
(e.g. lot, house and lot condominium and improvements)	(e.g.residential, commercial, industrial, agricultural and mixed		(As found in the Tax Real Prop	Declaration of	YEAR MODE			
zet, below	Imp beiggmen	bus seneds	ing time or more	office Puol	minos Lips	and fina	le route se frice real	
70.5	of consengumin	elsu degree	inco miliwas	MINISTRE :	ofatives in ci	mes of n	endinerated are no	
b. Personal P	roperties*					ıbtotal: P	a referred :	
b. Personal Properties*  DESCRIPTION				YEAR ACQUIRED		ACQUISITION COST		
ACER LAPTOP			7 S. (1) S. (1)	2013		15,000.0		
						2019	Date: December	
						1		
		n Ca Deciran	munical ligh		St TOTAL ASSE	ubtotal: P TS (a + b)	15,000.0 : 15,000.0	
. LIABILITIES*	NATU			NAM	E OF CREDITO	ORS	OUTSTANDING BALANCE	
							NA	
sal saro	Lungild dwa Inai:	9) 010s - XIII.	Te rob	etritem 55 cation east	VORSELLER. Sued then un	AND SV oment is	SUBSCRIBE above-stated gover	

## BUSINESS INTERESTS AND FINANCIAL CONNECTIONS

(of Declarant/ Declarant's spouse/ Unmarried Children Below Eighteen(18) years of Age Living in Declarant Household)

 $\square$ I/We do not have any business interest or financial connection.

NAME OF ENTITY/BUSINESS ENTERPRISE	BUSINESS ADDRE	NATURE OF BUSINESS SS INTEREST &/OR FINANCIAL CONNECTION	DATE OF ACQUISITION OF INTEREST OR CONNECTION	
TEXT TO VARIOUS AND LINESHUE	Creyon			
		216	<u> </u>	
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DESERTE.	radrina			

## 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
Welinda Linganay	Aunt	Teacher III	Baybay NHS, Baybay City, Leyte
Gina Oquias	Aunt	School Principal	Mailhi Elementary School, Baybay
Ma. Andresa Valenzona	Aunt	Teacher III	Makinhas NHS, Baybay City, Leyte
Antonietta Sumayod	Aunt	Agriculturist	Department of Agriculture, Tacloban

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: December 3	1, 2019			
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(Signature of Declarant)		(Signature of C		
9.6.21	(d + a) 1735 a - 1.1.101			
Government Issued	TIN	Government Issued	ID:	
ID No.:	350970027	ID No.:	10 N N N N N N N N N N N N N N N N N N N	
Date Issued:	Oct. 12, 2018	Date Issued:	and response to the state of th	
		8 JUL 2020		
SUBSCRIBED	AND SWORN to before me this		_ 2019 affiant exhibiting	to me the
above-stated govern	nment issued identification care	1.	W .	
		(-1.	10 gran	
		And the second s	SAN C. GUINOCOR	
		(Perso	n Administering Oath)	