

SWORN STATEMENT OF ASSETS, LIABILITIES AND NET WORTHAs of **December 31, 2022**

(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:	Lumain	John Philip Lou	M	POSITION:	Instructor 1
	(Family Name)	(First Name)	(M.I.)	AGENCY/OFFICE:	Visayas State University
ADDRESS:	Barangay 1	Quinapondan		OFFICE ADDRESS:	Visca, Baybay, Leyte
	Eastern Samar				
SPOUSE:	N/A			POSITION:	
	(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		

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							

Subtotal: N/A**b. Personal Properties***

DESCRIPTION	YEAR ACQUIRED	ACQUISITION COST/AMOUNT
St. Peter life plan	2017	44,400.00
Insular Life Plan (Wealth)	2017	80,000.00
LENOVO ideapad320	2017	26,980.00
Apple 6s	2017	11,000.00
AXA RetireSmart	2020	80,000.00
Nokia 5.1 Plus	2020	10,000.00
MacBook Pro	2021	60,000.00
Hisense refrigerator	2021	7,000.00
Laptop accessories	2021	5,000.00
Hanabishi electric fan	2021	3,000.00
Huawei matebook	2021	32,000.00
Rice cooker	2021	2,500.00
Jewelry, clothing, and other personal effects	Various years	25,000.00

Subtotal: 386,880.00**TOTAL ASSETS (a+b): 386,880.00**

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

2. LIABILITIES*

NATURE	NAME OF CREDITORS	OUTSTANDING BALANCE
N/A		

TOTAL LIABILITIES: N/A

NET WORTH: Total Assets Less Total Liabilities = 386,880.00

* 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
N/A			

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
Marichu M. Lumin	Mother	Day Care Worker	Quinapondan Municipality, Quinapondan, Eastern Samar
Federico M. Lumin	Father	Administrative Aide	Quinapondan Municipality Hospital, Quinapondan Eastern Samar
Maria M. Calbadores	Aunt	Teacher	Quinapondan Central Elementary School, Quinapondan Eastern Samar

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: March 28, 2023

(Signature of Declarant)

Government Issued ID: VSU ID
ID No.: V01046
Date Issued: September 1, 2017

N/A

(Signature of Co-Declarant/ Spouse)

Government Issued ID: N/A
ID No.: N/A
Date Issued: N/A

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

(Person Administering Oath)