

SWORN STATEMENT OF ASSETS, LIABILITIES AND NET WORTH

As of DECEMBER 31, 2023  
(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:	Cortes	Andy Phil	D.	POSITION:	Instructor - I
	(Family Name)	(First Name)	(M.I.)	AGENCY/OFFICE:	College of Engineering and Technology,
ADDRESS:	Brgy. Guadalupe			OFFICE ADDRESS:	Visayas State University,
	Baybay City, Leyte				Baybay City Leyte
SPOUSE:	Cortes	Marjorie	A.	POSITION:	Instructor - I
	(Family Name)	(First Name)	(M.I.)	AGENCY/OFFICE:	College of Veterinary Medicine,
				OFFICE ADDRESS:	Visayas State University,
					Baybay City, Leyte

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

NAME	DATE OF BIRTH	AGE
Wim Zachariah A. Cortes	September 16, 2023	3 months

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

b. Personal Properties\*

DESCRIPTION	YEAR ACQUIRED	ACQUISITION COST/AMOUNT
Computers (Laptops, Smartphones, Tablet)	Various years	126,500
Household Appliances (Refrigerator, washing machine)	2023	29,300
Life Plan	2017	55, 800
Insurance Policy	2020	89,879.79
Cash (on hand and in bank)	Various years	58,258.33
	Subtotal :	359,738.12
	TOTAL ASSETS (a+b):	359,738.12

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

2. LIABILITIES\*

NATURE	NAME OF CREDITORS	OUTSTANDING BALANCE
NA	N/A	N/A

TOTAL LIABILITIES: N/A

NET WORTH : Total Assets less Total Liabilities = 359,738.12

\* 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	N/A	N/A	N/A

RELATIVES IN THE GOVERNMENT SERVICE

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

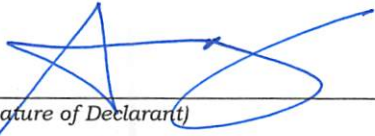
☐ I/We do not know of any relative/s in the government service)

NAME OF RELATIVE	RELATIONSHIP	POSITION	NAME OF AGENCY/OFFICE AND ADDRESS
Jed Asaph D. Cortes	Brother	Instructor I	Visayas State University
Flora Mia Y. Duatin	Aunt	Associate Professor	Visayas State University

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: April 8, 2024

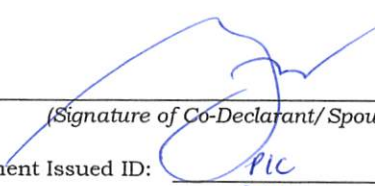


(Signature of Declarant)

Government Issued ID: PIC

ID No.: 04/612

Date Issued: 12/3/2015




(Signature of Co-Declarant/ Spouse)

Government Issued ID: PIC

ID No.: 9286

Date Issued: 8/30/2017

SUBSCRIBED AND SWORN to before me this 15 APR 2024 day of \_\_\_\_\_ affiant exhibiting to me the above-stated government issued identification card.



ATTY. KYLAN C. SUMOCOR  
VSU Chief Legal Officer

(Person Administering Oath)

NAME OF CREDITOR	AMOUNT	DATE OF MATURITY
W/A	W/A	W/A

TOTAL LIABILITIES: 350,758.12  
NET WORTH: Total Assets less Total Liabilities =

\* Additional sheets may be used, if necessary.

BUSINESS INTERESTS AND FINANCIAL CONNECTIONS

If Declaration is signed, I have listed children below 18 years of age living in my household.

If I have not done any business interest or financial connection

NAME OF ENTITY/BUSINESS INTEREST	BUSINESS ADDRESS	NATURE OF BUSINESS INTEREST	DATE OF ACQUISITION OF INTEREST
W/A	W/A	W/A	W/A

RELATIVES IN THE GOVERNMENT SERVICE

(When not listed, please explain in the Remarks section below)

If I have no relatives in the government service

NAME OF RELATIVE	RELATIONSHIP	POSITION	NAME OF AGENCY/COMPANY AND ADDRESS
John A. Smith	Father	Associate	1234 Main Street, New York, NY 10001
John A. Smith, Jr.	Son	Assistant	1234 Main Street, New York, NY 10001

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 18 years of age living in my household, and that to the best of my knowledge, the statements are true and correct. I have listed in the government service all relatives in the household covering previous years to include the year I first assumed office in government.

I hereby authorize the Commission 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 8, 2024

(Signature of Test Person)

Government Issued ID  
ID No.  
Date Issued

(Signature of Commission Agent)

Government Issued ID  
ID No.  
Date Issued

12 APR 2024

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_, 2024.

NOTARY PUBLIC

(Person's Signature Only)