SWORN STATEMENT OF ASSETS, LIABILITIES AND NET WORTH

As of December 31, 2020

(Required by R.A. 6713)

	$\Box J$	oint Filing	☐ Separate Fi	ling 🛮 Not App	plicable	2	
DECLARANT:	Lumain	John Philip Lou	М	POSITION:	Instructor 1		
	(Family Name)	(First Name)	(M.I.)	AGENCY/OFFICE:	Visay	ras State Un	iversity
ADDRESS:	Barangay 1	Quinapondan		OFFICE ADDRESS:	Visca, Baybay, Leyte		
	Eastern Samar						
SPOUSE:				POSITION:	WA		
	(Family Name)	(First Name)	(M.I.)	AGENCY/OFFICE:		/P	
				OFFICE ADDRESS:			
				N/A			
1 4007770	(Including	those of the spouse	e and unmarr	D NETWORTH ied children belou ant's household)	eighte	en (18)	
1. ASSETS a. Real	(Including Properties*	those of the spouse	e and unmarr	ied children belou	eighte	en (18)	
		those of the spouse	e and unmarr	ied children belou		een (18)	ACQUISITION
a. Real	Properties*	y those of the spouse years of age li	e and unmarr	ied children belou ant's household)			ACQUISITION COST

b. Personal Properties*

N/A

DESCRIPTION	YEAR ACQUIRED	ACQUISITION COST/AMOUNT	
St. Peter life plan	2017	33,200.00	
Insular Life Plan (Wealth)	2017	60,000.00	
LENOVO ideapad320	2017	26,980.00	
Apple 6s	2017	11,000.00	
AXA RetireSmart	2020	30,000.00	
Nokia 5.1 Plus	2020	10,000.00	

TOTAL ASSETS (a+b): 171,180.00

Subtotal: 171,180.00

Subtotal:

N/A

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

2. LIABILITIES*

NATURE	NAME OF CREDITORS	OUTSTANDING BALANCE
N/A		
4	TOTAL LIABILITIES:	N/A
	NET WORTH: Total Assets Less Total Liabilities =	171,180.00

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. Lumain	Mother	Day Care Worker	Quinapondan Municipality, Quinapondan, Eastern Samar
Federico M. Lumain	Father	Administrative Aide	Quinapondan Municipality Hospital, Quinapondan Eastern Samar
Maria M. Calbadores	Aunt	Teacher	Quinapondan Central Elementary School, Ouinapondan 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 22,	2021				
3-466	uling				
(Signature of Declarant)			(Signature of Co-Declarant/Spouse)		
Government Issued ID:	VSU ID		Government Issue	ed ID:	
ID No.:	V01046		ID No.:		
Date Issued:	September 1, 2017		Date Issued:		
		12 APR	2021		
SUBSCRIBED AN	ID SWORN to before me t	this day	of a/af	fiant exhibiting to me the above-stated	
government issued ide			ATTY, BY AN C		

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