# SWORN STATEMENT OF ASSETS, LIABILITIES AND NET WORTH

# As of DECEMBER 31, 2020

(Required by R.A. 6713)

Not	e: Husband and wife who  ☐ Join	are both public offici It Filing	als and employe  Separate F	es may file the requir	red statem Applicabl	ents jointly d	or separately.
DECLARANT:	Cormanes	Joan Marie	у.	POSITION:		uctor -I	
ADDRESS:	(Family Name)	(First Name)	(M.I.)	AGENCY/OFFICE			ary Medicine
nobless.	Brgy. Dona Feliza Mejia Ormoc City	Leyte		OFFICE ADDRESS			iversity, Visca
		<u> </u>			Bayb	ay City Leyt	<u>e</u>
SPOUSE:	n/a	n/a	n/a	POSITION:	n/a		
	(Family Name)	(First Name)	(M.I.)	AGENCY/OFFICE			
				OFFICE ADDRESS	3: <u>n/a</u>		
UNMARRI	ED CHILDREN BELC NAME n/a	OW EIGHTEEN	18) YEARS (	OF AGE LIVING  DATE OF BIRTH  n/a			S HOUSEHOL AGE n/a
DESCRIPTION	Properties*	EXACT	ASSESSED	ant's household)  CURRENT FAIR		ISITION	ACQUISITION
e.g. lot, house and lot, condominium nd improvements)	(e.g. residential, commercial, industrial, agricultural and mixed use)	LOCATION	VALUE (As found in	MARKET VALUE the Tax Declaration of al Property)	YEAR MODE		cost
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
b. Person	al Properties*				S	ubtotal: _	n/a
range	-			YEAR A	The second secon	The Art and the Art of the	ACQUISITION COST/AMOUNT
	Iphone	6		2018		11,600	
Lenovo Ideapad 100				2017			
Samsung Galaxy Tab A with S pen  Iphone SE				2019		22,000 15,000	
					S	ubtotal:	67,90
				TOTA	al asse	TS (a+b):	67,90

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

#### 2. LIABILITIES\*

NATURE	NAME OF CREDITORS	OUTSTANDING BALANCE	
Insurance	Insular Life	67,500	
Insurance	St. Peter's Life Plan	12,925	
men money ne ultimos extremental foreigner a	tio are battepublic afficials and employees may file to	as Straction Engolstry 1990h	
The state of the s	S. Allen Strander - Bros. 1138		

TOTAL LIABILITIES:

80,425

NET WORTH: Total Assets less Total Liabilities =

-12,525

### BUSINESS INTERESTS AND FINANCIAL CONNECTIONS

(of 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
8/0	n/s		And Annual

## RELATIVES IN THE GOVERNMENT SERVICE

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

 $\square$  I/We do not know of any relative/s in the government service)

NAME OF RELATIVE	RELATIONSHIP	POSITION	NAME OF AGENCY/OFFICE AND ADDRESS
Jan Marc Cormanes	Sibling	Teller	Landbank of the Philippines, Ormoc City.Leyte
A CONTRACTOR OF THE PARTY OF TH	Ind wholeston	cstenses.	TOARS GWS BOTTSU
	BULLAN TOWNS	STUGATE	REPARCE SELECTION OF THE SELECTION OF TH
	arting of the against rule of the	ng Kanaliya'in a garan	The second secon

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.

Data: Amril 15 (	7100			
Date: April 15, 2021				
	Young .			
(Signa	ature of Declarant)	(Signature of Co-Declarant/Spouse)		
Government Issued ID:	PRC	Government Issued ID:		
ID No.:	0008842	ID No.:		
Date Issued:	9/1/2016	Date Issued:		
	D SWORN to before me this	sday of, affiant exhibiting to me the above-stated		
government issued ide	ntification card.	ATTY, RY IN C. GUINOCOR  VSI Quiet Lugar Offices		
		(Person Administering Oath)		
	P	age 2 of		

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