SWORN STATEMENT OF ASSETS, LIABILITIES AND NET WORTH

As of DECEMBER 31, 2020

(Required by R.A. 6713)

Note		vho are both public official Ioint Filing	ls and employee I Separate Fi				r separately.
DECLARANT:	IGCASAMA,	RAYMUND	М.	M. POSITION: INSTRUCT			UCTOR 1
220211111111	(Family Name)	(First Name)	(M.I.)	AGENCY/OFFICE:			J-DMP
ADDRESS:	SAN ISIDRO, KILIM, BAYBAY CITY, LEYTE			OFFICE ADDRESS:	V	DEPARTMENT OF MATHEMATICS, PHYSICS AND STATISTICS, VISAYAS STATE UNVERSITY, VISCA, BAYBAY CITY, LEYTE	
SPOUSE:				POSITION:		N/A	
	(Family Name)	(First Name)	(M.I.)	AGENCY/OFFICE: OFFICE ADDRESS:			
UNMARRI	ED CHILDREN BI NAM NA		18) YEARS C	DE AGE LIVING	IN DEC	LARANT'	AGE
1. ASSETS a. Real	(Including Properties*	those of the spouse	and unmarr	D NETWORTH ied children belot ant's household) CURRENT FAIR		een (18) JISITION	ACQUISITION
(e.g. lot, house and lot, condominium	(c.g. residential, commercial, industrial, agricultural and mixed use)	LOCATION	VALUE	MARKET VALUE			COST
and improvements)				the Tax Declaration of al Property)	YEAR	MODE	
NA							
b. Person	al Properties*					Subtotal:	_
	DESC	RIPTION		YEAR A	CQUIREI)	ACQUISITION COST/AMOUNT
Laptop				2014			45, 000.00
Printer				2015			5, 000.00
DSLR Camera				2017			24,000.00
Mobile Phone				2019			25,000.00
Road Bike				2020			60,000.00
Savings				2020			160,657.42
Home Appli	ances			2020			30,000.00
				•		Subtotal:	349,657.42
							349,657.42
				TOT	AL ASS	ETS (a+b):	•

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

2. LIABILITIES*

NATURE	NAME OF CREDITORS	OUTSTANDING BALANCE	
POSTPAID PLAN	SMART TELECOM	8,000.00	

TOTAL LIABILITIES: 8,000.00

NET WORTH: Total Assets less Total Liabilities = 341,657.42

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
NA			

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
NA			

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 13,	2021	
V(Signa	ture of Declarant)	(Signature of Co-Declarant/Spouse)
Government Issued ID:	VSU-ID	Government Issued ID:
ID No.:	V00781	ID No.:
Date Issued:	JUNE 2013	Date Issued:
	1 3	APR 2021
SUBSCRIBED AN government issued ide	D SWORN to before me this	day of, affiant exhibiting to me the above-stated
government isoued ide.	atineation card.	ATTY. RYSAN C. GUINOCOR
		(Person Administering Oath)

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