SWORN STATEMENT OF ASSETS, LIABILITIES AND NET WORTH As of MARCH 20, 2019

(Required by R.A. 6713)

DECLARANT: CHAPTE ALAN MP. GENETICAL CHAPTE ALAN MP. GENETICAL CHAPTE ALAN MP. GENETICAL CHAPTE ALAN MP. AGENCY/OFFICE OFFICE ADDRESS: POSITION: AGENCY/OFFICE OFFICE ADDRESS: SPOUSE: POSITION: AGENCY/OFFICE OFFICE ADDRESS: POSITION: AGENCY/OFFICE OFFICE ADDRESS: UNMARRIED CHILDREN BELOW EIGHTEEN [18] YEARS OF AGE LIVING IN DECLARANT'S HOUSEHOLD AMERICA R. SAME FROM MAY B. GUARTE SUPPLY MAY B. GUARTE ALEND R. GUARTE AGE LIVING IN DECLARANTS HOUSEHOLD ASSETS. LIABILITIES AND NETWORTH (Including those of the spouse and unmarried didfren below eighteen [18] years of age living in declarant's household; 1. ASSETS a. Real Properties* DESCRIPTION KIND DESCRIPTION KIND DESCRIPTION KIND DESCRIPTION WALLE MARKET ACQUISITION COST WALLE MARKET AMPLIFIED DESCRIPTION YEAR ACQUIRED ACQUISITION COST AMOUNT AMOUNT AMOUNT ACQUISITION COST AMOUNT AM	Note: Hus	sband and wife wh	o are both public	officials and employ	gees may file th	ne required	statements join	tly or separately.
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BUSINESS INTERESTS AND FINANCIAL CONNECTIONS

(of Declarant/ Declarant's spou		y business interest or			
NAME OF ENTITY/BUSINESS ENTERPRISE	BUSINESS ADDR	LESS INTERI	OF BUSINESS EST &/OR CONNECTION	DATE OF ACQUISITION OF INTEREST OR CONNECTION	
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		y or Affinity. Include als any relavtive/s in the			
NAME OF RELATIVE	RELATIONSHIP	POSITION	NAME OF AGENCY/OFFICE AND ADDRESS		
POBENTO C. GVARTE	UNCLE	COLLEGE DEAN	BAYBAY CITY, LEYTE		
ARNULFO M. DUARTE	BROTHER	EMAN TRAINOR		EXYDY ONY, LEYTE	
WRITER G. OLAMIT GISTER		PRINCIPAL 1	MAKIN CITY, SO. LETTE		
JONATHAN M. GUARTE	BROTHER	FEACHER .	DARAM CHMAR		
I hereby certify that the business interests and financial eighteen (18) years of age living enumerated are names of relative. I hereby authorize the Grom all appropriate government may show my assets, liabilities, my spouse and unmarried child years to include the year I first a	connections, includ in my household, and wes in the government of	ing those of my spound that to the best of at within fourth civil ther duly authorized the Bureau of Interminterests and finance of age living with me	representative to nal Revenue sucial connections	the above- anguinity or affinity o obtain and secure th documents that to include those of	
Date: MMMCH 14, 2013					
5-pp. to					
(Signature of Declarant	t)	(Signature of C	o-Declarant/Spo	use)	
Government Issued ID No.: TIN: 437-174- Date Issued: 07/09/13		Government Issued ID No. : Date Issued:			
SUBSCRIBED AND SWOR		and day of MARCH	201 9 , affiant ex	shibiting to me the	

(Person Administering Oath)