SWORN STATEMENT OF ASSETS, LIABILITIES AND NET WORTH As of December 31, 2022

400	A d		(Required by R.A.	5713)			.4	
Not		ife who are both public offi Joint Filing	icials and employed Separate F				or separately.	
4-0	M.CI	o .	-		арриса	oie		
DECLARANT:	GUARTE	ARNULFO	M.	POSITION:		WEI	DER II	
DECEMBER 1.	(Family Name)	(First Name)	(M.I.)	AGENCY/OFFICE:	CO	LLEGE OF E	NGINEERING AND NOLOGY	
ADDRESS:	CABULIHAN	MAASIN CITY		OFFICE ADDRESS	3:		, BAYBAY CITY	
	SOUTHERN	LEYTE	DATE STORES AND A STORE OF	SE INTERESTS	TATRITE	1	, 51115111 0111	
		ENDITORNIO TEN	OTHER STATE		A VALUE OF STREET	encontext) to	and officer	
SPOUSE:	GUARTE (Family Name)	HYACINTH (First Name)	B. (M.I.)	POSITION: AGENCY/OFFICE:				
	((11111)	OFFICE ADDRESS	-	N/A		
	OVER OF ACOU				BUA -	SSS MAC	ACCUSANTAL ACCUSANT	
UNMARRI	ED CHILDREN	BELOW EIGHTEEN	(18) YEARS C	F AGE LIVING	IN DEC	CLARANT'	S HOUSEHOL	
	7	NAME		DATE OF BIRTH			AGE	
	ZEB YANI	S B. GUARTE		October 17, 202	20		2	
	N	I A	WWW.TVOD.TH	N/A	5	-	N/A	
	\$	resolut adal set alsona	i consist in attack		ita dikana	r m EMA		
a. Real DESCRIPTION (e.g. lot, house and	Properties*	EXACT	ASSESSED	CURRENT FAIR	ACQ	UISITION	ACQUISITION	
lot, condominium and improvements)	(e.g. residential commercial, industrial, agricultural and mixed use)	LOCATION		MARKET VALUE the Tax Declaration of al Property)	YEAR	MODE	COST	
ren below	niparried child	of tay spouse and u	stom gmbh	a enginemino	IBDIIB	th Dibs d	estinces illicies	
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
N/A	NLA	N/A	N/A	N/A	N/A	N/A	N/A	
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
b. Person	al Properties*	menent.	office in sove	Titts: orsulaed	ic year	Subtotal:	revious years to	
	DE	SCRIPTION		YEAR A	CQUIRE		ACQUISITION COST/AMOUNT	
35 ROUSER KAWASAKI				2013			67,000.00	
N A			1-4-12 2-4-12	N/A			NA	
	NA			N	М	2001	14 He State	

2. LIABILITIES*

NATURE	NAME	OUTSTANDING BALANCE		
Loan W TGM GMA	PAG-IBIG MULTI-PURPOSE LOAN			
N A	N	A	N	A

TOTAL LIABILITIES:

15,000.00

NET WORTH: Total Assets less Total Liabilities =

52,000.00

BUSINESS INTERESTS AND FINANCIAL CONNECTIONS

(of Declarant's spouse/ Unmarried Children Below Eighteen (18) years of Age Living in Declarant's Household) \square I/We do not have any business interest or financial connection.

AME OF ENTITY/BUSINESS ENTERPRISE	BUSINESS ADDRESS	NATURE OF BUSINESS INTEREST &/OR FINANCIAL CONNECTION	DATE OF ACQUISITION OF INTEREST OR CONNECTION	
A N	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 DEPED CABULIHAN MAASIN SOUTHERN LEYTE	
ARLEN M. GUARTE	SISTER	PRINCIPAL		
JONATHAN M. GUARTE	BROTHER	TEACHER	DEPED SAMAR	
MERIAM M. GUARTE	SISTER	TEACHER	DEPED MANILA	
N/A	NIA	NIA	61/0	
14 M	10/11	NIA	IV) A	

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.

Dota: March 16	2022		
Date: March 16,	2023	400%	the state of the s
(Signa	uture of Declarant)	(Signature of C	o-Declarant/Spouse)
Government Issued ID:	University ID (VSU)	Government Issued ID:	/
ID No.:	V00817	ID No.:	N/A
Date Issued:	June 15, 2022	Date Issued:	
SUBSCRIBED AN above-stated government	ID SWORN to before me this ent issued identification card.	Mour	ffiant exhibiting to me the
		ATYPY DVCAM C CIT	INIOCOD

(Person Administering Oath)

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