AFF L2500

STATE OF GEORGIA

Georgia Government Transparency and Campaign Finance Commission 200 Piedmont Ave SE, Suite 1402-West Tower, Atlanta, GA 30334

AFFIDAVIT OF A CANDIDATE'S INTENT NOT TO EXCEED \$2,500 IN CONTRIBUTIONS AND/OR EXPENDITURES

Per O.C.G.A. §21-5-34(d)(d.1)(1),
John Albert lom berg is a candidate for /public officer of (Full Name of Candidate) Mayor in Avondale Estates. (Office Sought/or Held) (City or County)
Mayor in Avandale Estates. (Office Sought/or Held) (City or County)
By submitting this form I am affirming that I, the above named candidate, do not intend to accept during this election cycle* a combined total of contributions exceeding \$2,500.00 for the campaign nor make a combined total of expenditures exceeding \$2,500. If the above named candidate does not exceed \$2,500.00 in contributions or expenditures then the candidate SHALL not have to file a report under O.C.G.A. §21-5-34 (c).
I understand that if I, the above named candidate, exceed the \$2,500 limit for either accepting contributions or making expenditures for such campaign during the election cycle, but do not accept a combined total of contributions exceeding \$5,000.00 or make expenditures exceeding \$5,000.00 then I, the above named candidate, SHALL be required to file only the June 30 and October 25 reports required by O.C.G.A. §21-5-34 (c) (2). The first of such reports shall include all contributions received and expenditures made beginning January 1 of such calendar year.
Furthermore, I understand that if I, the above named candidate accept a combined total of contributions exceeding \$5,000.00 or make expenditures exceeding \$5,000.00 during the calendar year of such qualifying, then I, the above named candidate SHALL be subject to the reporting requirements of this Code section the same as if the written notice authorized by this subsection had not been filed.
*"Election cycle" means the period from the day following the date of an election or appointment of a person to elective public office through and including the date of the next such election of a person to the same public office and shall be construed and applied separately for each elective office.
State of Georgia County of Dehace
I, the undersigned, being duly sworn, do swear or affirm, certify and say that this affidavit and the information hereinabove is true, complete and correct to the best of my knowledge and belief.
Sworn to and subscribed before me on January 14, 2015 Allute Du Jan a Contes
Signature of Notary Public My commission expires 1/10/17 irman freasurer filing Affidavit My commission expires 1/10/17 irman freasurer filing Affidavit
McCommission expires on

Notary Seal

STATE OF GEORGIA PERSONAL FINANCIAL DISCLOSURE STATEMENT

200 Piedmont Avenue S.E. | Suite 1402 West Tower | Atlanta, GA 30334 | 404-463-1980 | www.ethics.ga.gov

Use Earlier of Post Mark or Hand Delivered Date

REC'D JAN 1 5 2014

Original Amendment (Enter date of statement being amended)	
Date of this Statement: Jan 15, 2015 Covering Calendar Year: 2014	
Name of Public Officer or Candidate: John Albert Pombers First Middle Last	
Mailing Address: 3288 Kensington RJ, Dekalb Avandala Estatos, GA 30002 Street or P.O. Box City County State Zip code	
Telephone Number: (Office/Home) 3/9-531-8292 (E-Mail) jo fomber 50 gmail com	
Name of Public Office Held or Sought: Mayor of Avondale Filer ID: (Filer ID that begins with the letter "F")	
Check One: □ Elected City or County Officer Candidate for City or County Office	

WHO FILES A FINANCIAL DISCLOSURE STATEMENT:

Each public officer holding office in Georgia, and each person who qualifies as a candidate for election as a public officer for one of the offices listed below, and all others on the following list.

- (A) Every constitutional officer;
- (B) Every elected state official;
- (C) The executive head of every state department or agency, whether elected or appointed;
- (D) Each member of the General Assembly;
- (E) Every elected county official, every elected county or area school superintendent, and every elected member of a county or area board of education; and
- (F) Every elected municipal officer.

WHEN TO FILE A FINANCIAL DISCLOSURE STATEMENT:

Public Officer: A Financial Disclosure Statement is filed not before January 1 and not later than July 1 of each year that a public officer holds office (except the year of election). The information to be provided shall be that from the preceding calendar year.

If the public officer chooses not to run for re-election or for another public office no Financial Disclosure Statement need be filed in the year qualifying to succeed him takes place. A public officer shall not be deemed to hold the office in a year in which the public officer holds office for less than 15 days.

Candidate for Public Office: A Financial Disclosure Statement covering the period of the preceding calendar year shall be filed no later than the fifteenth day following the date of qualifying as a candidate. Candidates for state wide office file not later than seven days after qualifying for office. Only one Financial Disclosure Statement is required per calendar year.

Special requirements for State Wide Candidates: Candidates for a public office elected state wide must file their Financial Disclosure Statements not later than seven days after qualifying or filing a notice of candidacy. State wide candidates must disclose more information than other candidates for public office and the additional disclosure sections required of state wide candidates must be completed in the year of election filing.

WHERE TO FILE A FINANCIAL DISCLOSURE STATEMENT:

State /Statewide Office: Georgia Government Transparency & Campaign Finance Commission

County: County Election Superintendent

Municipality: City Clerk or Chief Executive Officer

SECTION I MONETARY FEES RECEIVED

(This section to be completed by Public Officers only)

Identify each monetary fee or honorarium accepted from speaking engagements, participation in seminars, discussion panels, or other activities that directly relate to the official duties of, or to the office of the public officer, with a statement identifying the fee or honorarium and the person from whom it was accepted. (You may attach additional sheets of paper if necessary.)

Identify Fee or Honorarium And Amount Accepted	Identifying Information of Person from Who Accepted
	SECTION II FIDUCIARY POSITIONS
(You may expand this section if necessary to act primarily for another's benefit as off business entity. A fiduciary position may limited partnership, limited liability compa	andidate for public office or the public officer at any time during the covered year. to include all positions.) A fiduciary position is any position imposing a duty ficer, director, manager, partner, guardian, or other designations of general responsibility of a be a paid or unpaid position. A business entity is any corporation, sole proprietorship, partnership, any, limited liability partnership, professional corporation, enterprise, franchise, association, trust, it or nonprofit. (You may attach additional sheets of paper if necessary.)
I held: ☐ No fiduciary positions in any business er ★Fiduciary positions in the following busi	
 IDENTIFY: Title of each position. Name and address of business ent Principal activity of each business 	
	alk Homeownis Association Vondale Estater, GA 30002 Hus association, Collection od
Business entity #2	nunty fragerty mainte gance.
Business entity #3	
Business entity #4	

I received:

No monetary fee or honorarium.

Monetary fee(s) or honoraria as shown below.

SECTION III DIRECT OWNERSHIP INTERESTS IN BUSINESS ENTITY

Direct ownership interest is the holding or possession of good legal or rightful title of property or the holding or enjoyment of real or beneficial use of the property by any person and includes any interest owned or held by a spouse of the person if such interest is held jointly or as tenants in common between the person and spouse.

Identify the name, address and principal activity of any business entity and the office held by and the duties of the candidate for public office or public officer within a business entity any time during the covered year in which a direct ownership interest: (A) Is more than 5 percent of the total interest in the business; or (B) Has a net fair market value of more than \$5,000.00. (You may attach additional sheets of paper if necessary.)

I held:

▶No direct ownership interests in any business entity.

□ Direct ownership interests in the following business entity(ies).

IDENTIFY:

- 1. Name and address of business entity.
- 2. Principal activity of business entity.
- 3. The office held by the candidate or the public officer within the business entity.
- 4. The duties of the candidate or the public officer within such business entity.

Business entity #1	Ownership Interests
	Check One or Both If Applicable □ Ownership interest is more than 5%
	Drymoushin internet has a set friendly
	hat value of more than \$5,000,00
Business entity #2	
	☐ Ownership interest is more than 5%
	ket value of more than \$5,000.00
Business entity #3	
•	☐ Ownership interest is more than 5%
	☐ Ownership interest has a net fair mar-
· · · · · · · · · · · · · · · · · · ·	,
Business entity #4	
	☐ Ownership interest is more than 5%
	☐ Ownership interest has a net fair mar-
	ket value of more than \$5,000.00
Business entity #5	
	□ Ownership interest is more than 5%
	ket value of more than \$5,000.00

SECTION IV DIRECT OWNERSHIP INTERESTS IN REAL PROPERTY

Direct ownership interest is the holding or possession of good legal or rightful title of property or the holding or enjoyment of real or beneficial use of the property by any person and includes any interest owned or held by a spouse of the person if such interest is held jointly or as tenants in common between the person and spouse.

Identify each tract of real property in which the candidate for public office or public officer has a direct ownership interest as of December 31 of the covered year when that interest has a fair market value in excess of \$5,000.00. "Fair market" value means the appraised value of the property for ad valorem tax purposes. (You may attach additional sheets of paper if necessary.) Check one box to show the applicable valuation range for each tract.

I had

□ No ownership interests with a fair market value in excess of \$5,000.00 ★ Ownership interests with a fair market value in excess of \$5,000.00

IDENTIFY:

- 1. County where property is located.
- 2. State where property is located.
- 3. General description of property (give street address or location, size of tract, and nature or use of property).

Property #1 Detalbe ounts State of Georgia 3288 Kensing for Rd Avandale Estates CA 30002 2,300 57 St townhome Primary residence.	The Value of this tract is ☐ Between \$5,000 and \$100,000 ☐ Between \$100,000.01 and \$200,000 ☐ More than \$200,000
Property #2. Newton County, State od Georgia Coungston Municipal Disport 15200 Hisport Pd., Oxford GA 30054 Pack owner 2, 400 sq St aircrast hangar	The Value of this tract is ✓★ Between \$5,000 and \$100,000 □ Between \$100,000.01 and \$200,000 □ More than \$200,000
Property #3	The Value of this tract is ☐ Between \$5,000 and \$100,000 ☐ Between \$100,000.01 and \$200,000 ☐ More than \$200,000
Property #4	The Value of this tract is ☐ Between \$5,000 and \$100,000 ☐ Between \$100,000.01 and \$200,000 ☐ More than \$200,000
Property #5	The Value of this tract is ☐ Between \$5,000 and \$100,000 ☐ Between \$100,000.01 and \$200,000 ☐ More than \$200,000

SECTION V SPOUSE'S DIRECT OWNERSHIP INTERESTS IN REAL PROPERTY

Identify each tract of real property in which the filer's spouse has a direct ownership interest as of December 31 of the covered year when that interest has a fair market value in excess of \$5,000.00 (You may attach additional sheets of paper if necessary.) Check one box to show the applicable valuation range for each tract.

My spouse had:

□ No ownership interests with a fair market value in excess of \$5,000.00 ★ Ownership in the following tracts with a fair market value in excess of 5,000.00

IDENTIFY:

- 1. County where property is located.
- 2. State where property is located.
- 3. General description of property (give street address or location, size of tract, and nature or use of property).

Property #1 De kalb County, State of Congra 3288 Kensusden RJ, Avandah Estates, 6A 30002 2,300 tg Lt townhome. Primary residence,	The Value of this tract is ☐ Between \$5,000 and \$100,000 ☐ Between \$100,000.01 and \$200,000 ☐ More than \$200,000
Property #2	The Value of this tract is ☐ Between \$5,000 and \$100,000 ☐ Between \$100,000.01 and \$200,000 ☐ More than \$200,000
Property #3	The Value of this tract is ☐ Between \$5,000 and \$100,000 ☐ Between \$100,000.01 and \$200,000 ☐ More than \$200,000
Property #5	The Value of this tract is ☐ Between \$5,000 and \$100,000 ☐ Between \$100,000.01 and \$200,000 ☐ More than \$200,000
Property #5	The Value of this tract is ☐ Between \$5,000 and \$100,000 ☐ Between \$100,000.01 and \$200,000 ☐ More than \$200,000

SECTION VI EMPLOYMENT AND FAMILY MEMBERS

2 /
Filer's Occupation Letiree
Filer's Employer
Employer's Address
Employer's Principal Activity
Filer's Spouse's Name Diana Louise Rombers Spouse's Occupation Lediree Spouse's Employer
Spouse's Employer Address of Spouse's Employer Principal Activity of Spouse's Employer
Principal Activity of Spouse's Employer
SECTION VII
INVESTMENT INTERESTS
List the name of any investment (do not list individual stocks and bonds that are held by mutual funds), in which the filer (either individually or with any other legal or natural person or entity) owns a direct ownership interest that: 1. Is more than 5 percent of the total interests in such business or investment, or 2. Has a net fair market value of more than \$5,000.00.
Business or Investment Entity #1
Name
Business or Investment Entity #2
Name
Business or Investment Entity #3 Name
Business or Investment Entity #4 Name
SECTION VIII
KNOWN BUSINESS OR INVESTMENT INTERESTS OF SPOUSE AND DEPENDENT CHILDREN
Identify any business or investment known to the filer in which the filer's spouse or dependent children have a direct ownership interest (either individually or with any other legal or natural person or entity) which interest:
 is more than 5 percent of the total interest in the business or investment, has a net fair market value exceeding \$10,000.00, or is one in an entity for which the filer's spouse or a dependent child serves as an officer, director, equitable partner, or trustee.
(Do not list individual stocks and bonds that are held by mutual funds.)
Business or Investment Entity #1
Name
Business or Investment Entity #2 Name
Business or Investment Entity #3 Name
Business or Investment Entity #4 Name

SECTION IX ANNUAL PAYMENTS RECEIVED FROM THE STATE OF GEORGIA

(This section to be completed by Public Officers only)

Identify all annual payments in excess of \$10,000.00 received by the public officer, or by any business entity identified in Section III above, from the State or any agency, department, commission or authority created by the State, and authorized and exempted from disclosure under O.C.G.A. § 45-10-25.

I received: ☑ No annual payments in excess of \$10,000.00 from any State entity. □ Annual payments in excess of \$10,000.00 from the below named State entity(ies).
IDENTIFY: 1. Name and address of State entity making the payments. 2. Amount of annual payment. 3. The general nature of the consideration rendered for the payment(s).
State entity source #1
State entity source #2
VERIFICATION BY OATH OR AFFIRMATION
State of Georgia Hvendele County of Dehal B
t, the undersigned, being duly sworn (affirm), depose and say that the information in this statement is complete, true, and correct.
Sworn to and subscribed before me on Signature of Candidate or Public Officer
Signature of Notary Public PENALTIES: Any person who knowingly fails to comply with or who knowingly violates any of the provisions of the Ethics in Government Act shall be guilty of a My commission expires My Commission expires

not intend to accept campain CFC Form DOI Rev 1/14 Georgia Government Transparency & Campaign Finance Commission DECLARATION OF INTENTION TO ACCEPT CAMPAIGN CONTRIBUTIONS FORM DOL INCOMPLETE FORMS WILL NOT BE PROCESSED . If form Is handwritten, it must be legible. Today's Date: Candidate (full name): Address: City, State, Zip: Telephone (optional): Email: 3 Party Affiliation (optional): County Municipal Select Office Type: ☐ State Name of Office Sought or Held: Republican Other (include district, post, 4 Incumbent: Complete sections 5 and 6 ONLY if you have a campaign committee: This information does not register a campaign committee. (Please use Form RC to register.) 5 Campaign Committee Chairperson (full name): Address: City, State, Zip Email: 6 Treasurer (full name): Address: City, State, Zip Email: I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE. Signature of Candidate Date

STATEWIDE STATE LEVEL FILERS MAIL TO: