



Filing ID #10056790

# FINANCIAL DISCLOSURE REPORT

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## FILER INFORMATION

**Name:** Dr. Valbrun Almonord  
**Status:** Congressional Candidate  
**State/District:** GA03

## FILING INFORMATION

**Filing Type:** Candidate Report  
**Filing Year:** 2024  
**Filing Date:** 02/16/2024  
**Period Covered:** 01/01/2023– 01/30/2024

## SCHEDULE A: ASSETS AND "UNEARNED" INCOME

Asset	Owner	Value of Asset	Income Type(s)	Income Current Year to Filing	Income Preceding Year
2621 Jones Ave [RP]		\$100,001 - \$250,000	Rent	\$15,001 - \$50,000	\$5,001 - \$15,000
LOCATION: Columbus/Muscogee, GA, US					
5501South Lea Lane [RP]		\$100,001 - \$250,000	Rent	\$15,001 - \$50,000	\$5,001 - \$15,000
LOCATION: Columbus/Muscogee, GA, US					
MetLife [FN]		\$250,001 - \$500,000	monthly income	\$5,001 - \$15,000	\$5,001 - \$15,000

\* For the complete list of asset type abbreviations, please visit <https://fd.house.gov/reference/asset-type-codes.aspx>.

## SCHEDULE C: EARNED INCOME

None disclosed.

## SCHEDULE D: LIABILITIES

Owner	Creditor	Date Incurred	Type	Amount of Liability
	American Express	December 2023	Credit card	\$15,001 - \$50,000

SCHEDULE E: POSITIONS

Position	Name of Organization
Legislative and Political Coordinator	American Federation of Government Employees -Local 54

SCHEDULE F: AGREEMENTS

Date	Parties To	Terms of Agreement
November 2016	American Federation of Government Employees	Non-Pay Voluntary service. No Contract

SCHEDULE J: COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

None disclosed.

EXCLUSIONS OF SPOUSE, DEPENDENT, OR TRUST INFORMATION

**Trusts:** Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?  
☐ Yes ☒ No

**Exemption:** Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?  
☐ Yes ☒ No

CERTIFICATION AND SIGNATURE

☒ I CERTIFY that the statements I have made on the attached Financial Disclosure Report are true, complete, and correct to the best of my knowledge and belief.  
**Digitally Signed:** Dr. Valbrun Almonord , 02/16/2024