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**UNITED STATES HOUSE OF REPRESENTATIVES  
FINANCIAL DISCLOSURE STATEMENT**

**FORM B**

Period covered: January 1, 2012 - Sept 15, 2013

For use by candidates and new employees

Name: Gary E. Lambert Daytime Telephone

Filer Status	<input checked="" type="checkbox"/> Candidate for the House of Representatives	State: NH District: 2nd	Date of Election: Nov 2014	Check if Amendment <input type="checkbox"/>	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
	<input type="checkbox"/> New officer or employee	Employing Office:			

In all sections, please type or print clearly in blue or black ink.

**PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS**

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	IV. Did you hold any reportable positions on or before the date of filing in the current calendar year or in the prior two years? If yes, complete and attach Schedule IV.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
II. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule II.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
III. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule III.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VI. Did you receive compensation of more than \$5,000 from a single source in the two prior years? If yes, complete and attach Schedule VI.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

**EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS**

<b>TRUSTS</b> —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 a dependent child?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<b>EXEMPTION</b> —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? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

# SCHEDULE I - EARNED INCOME (INCLUDING HONORARIA)

Name

Gary E Lambert

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List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.

**Exclude:** Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

Source (include date of receipt for honoraria)	Type	Amount	
		Current Year to Filing	Preceding Year
<b>Examples:</b> XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
First Bank & Trust, Houston, TX	Director's Fee	\$400	\$3,200
XYZ Trade Association, Chicago, IL (Rec'd December 2)	Honorarium	0	\$1,000
Harris County, Texas Public Schools	Spouse Salary	NA	NA
Kevin J. Halloran, Nashua NH	Spouse	NA	NA
LPL Financial, Boston MA	Spouse	NA	NA
Atlantic Benefits & Retirement Co	Spouse	NA	NA
Northern Industries Inc, Boston MA	Salary	1270.	
Mass Mutual Life Ins. Co, Springfield MA	Spouse	NA	NA
Ameritas Life Ins. Co, New York, NY	Spouse	NA	NA
Let's Talk About Food, LLC, Boston MA	Salary	1030	
Incident Control Systems, LLC, Boston MA	Salary	6000	
Pinetree, Inc. Boston MA	Salary	8975	
Simplex Inc. Boston MA	Salary	4396.	
Talley Automotive Group, Nashua NH	Salary	1390.	
Biofeedback Certification, Boston MA	Salary	1506.	
Bronze Craft + Corp, Nashua NH	Salary	6952	
PSI Water Systems, Inc, Boston MA	Salary	4412	
1800 Bunkbed LLC, Boston MA	Salary	3502	

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**Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.**

**This page may be copied if more space is required.**

Name Gary E. Lambert

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**For additional assets and unearned income, use next page.**

## Continuation Sheet (if needed)

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BLOCK A	BLOCK B	BLOCK C	BLOCK D
Asset and/or Income Source	Value of Asset	Type of Income	Amount of Income
SP American Sag	A None B \$1 - \$1,000 C \$1,001 - \$15,000 D \$15,001 - \$50,000 E \$50,001 - \$100,000 F \$100,001 - \$250,000 G \$250,001 - \$500,000 H \$500,001 - \$1,000,000 I \$1,000,001 - \$5,000,000 J \$5,000,001 - \$25,000,000 K \$25,000,001 - \$50,000,000 L Over \$50,000,000 M Spouse/DC Asset over \$1,000,000*	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income--(Specify: e.g., Partnership Income or Farm Income)	Current Year Preceding Year
SP John Hancock LI	X		I I II III IV V VI VII VIII IX X XI XII
John Hancock LI	X		I I II III IV V VI VII VIII IX X XI XII
SP Alsbury Bank	X		I I II III IV V VI VII VIII IX X XI XII
Citizens Bank	X		I I II III IV V VI VII VIII IX X XI XII
Navy Federal Credit	X		I I II III IV V VI VII VIII IX X XI XII
SP Temple Credit Union	X		I I II III IV V VI VII VIII IX X XI XII
SP LPL Stock Options	X		I I II III IV V VI VII VIII IX X XI XII
SP KILL Rental Property	X		I I II III IV V VI VII VIII IX X XI XII
Navy Federal LI	X		I I II III IV V VI VII VIII IX X XI XII

# SCHEDULE III - LIABILITIES

Name

Cary E. Lambert

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Report liabilities of over \$10,000 owed to any one creditor **at any time** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the reporting period. **Exclude:** Any mortgage on your personal residence (unless there is rental income); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report **revolving charge accounts** (i.e., credit cards) only if the balance at the close of the previous calendar year exceeded \$10,000.

SP, DC, JT	Creditor	Date Liability Incurred mo/year	Type of Liability	Amount of Liability										
				A	B	C	D	E	F	G	H	I	J	K
	Example: First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main Street, Dover, DE	\$10,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000	Spouse/DC Liability over \$1,000,000
SP	Lake Sumner Bank	OCT 2009	MORTGAGE on 34 Broad St Nashua NH				X							
SP	Lake Sumner Bank	06/2009	line of credit		X									

## SCHEDULE IV - POSITIONS

Report all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year and in the two prior years as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, company, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

**Exclude:** Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as a political party or campaign organization); and positions solely of an honorary nature.

Position	Name of Organization
Trustee	Greater Nashua Mental Health Center
Trustee	Kesgan Family Courage + Faith Foundation

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## **Terms of Agreement**

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## GPO: 2013 78-885 (Mac)