POSTMARK ILLEGIBLE

8 ⊠	Yes 🔲	pendent child	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? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	transactions, or liabilist consulted with the C	arned" income, s you have firs	y other assets, "unea ot answer "yes" unles	d from this report ar or exemption? Do n	EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics	EXEMPTIO Decause they
₹	Yes	ot be	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 a dependent child?	s and certain other "ex spouse, or a depender	ittee on Ethics	proved by the Comm if such a trust benefit	ified Blind Trusts" ap this report details o	TRUSTS —Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted t disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child?	TRUSTS—D
is I	QUESTION)F THESE (SWER EACH OF THESE QUESTIONS	AATION — ANS	T INFORM	NT, OR TRUS	E, DEPENDE	XCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION	XCLUSI
	esponse.	each "Yes" r	lule attached for each "Yes" response	Each question in this part must be answered and the appropriate schedu	and the ap	st be answered	in this part mu	Each question	
N _S	Yes 🔀	\$5,000 from	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.	VI. Did you receive compensation of more a single source in the two prior years? If yes, complete and attach Schedule VI	§ 	Yes X	ant child have any report the reporting period?	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.	II. Did you, yo able liability (m f yes, comple
No X	Yes	rangement	Did you have any reportable agreement or arrangement ith an outside entity? yes, complete and attach Schedule V.	V. Did you have any reportable agreemer with an outside entity? If yes, complete and attach Schedule V.	Š	ned" riod? Yes	nt child receive "unear ting period or hold any 00 at the end of the pe	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.	 Did you, yo ncome of mor eportable ass f yes, comple
S ₈	Yes	pefore the date or two years?	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.	IV. Did you hold any rep of filing in the current ca If yes, complete and at	§	s or Yes X	I" income (e.g., salarie in the reporting perioc) 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? fyes, complete and attach Schedule I. 	Did you or y ees) of \$200 of yes, comple
	-			ANSWER EACH OF THESE QUESTIONS	OF THES	SWER EACH	1	RELIMINARY INFORMATION	RELIMI
						ink.	learly in blue or blact	n all sections, please type or print clearly in blue or black ink	n all sections
who files	. — o	A <i>\$200 penalty</i> shall be against any individual more than 30 days late	Amendment	Nov Joy	Election:	t:		New officer or employee	Filer Status
	(Office Use Only)	(6)	2			Z Ţ		-1	
6				Daytime Telephone	Daytime	Crt	, LAmbe	GARLY C	Name:
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Page 1 of _子_ ENTER	Page 1 LEGISLATIVE RESOURCE CENTER	LEGISLATIV	∄B	FORM		ENTATIVES	OF REPRESI	UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT	UNITED :
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SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name GARY E LAmbert

Page 2 of 7

Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.	exceeding \$1,000. See examples below.	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	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	
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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.	ement programs, and benefits	received under the Social S	Security Act.
Source (include date of receipt for honoraria)	Type	Amount	unt
Course (include date of receipt an includanta)	1 7 7 6	Current Year to Filing	Preceding Year
XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
i	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
KEUIN Y. HAllOTAN, NAShun NA	Spause	NA	- Z 7
	Spouse	7 5	NA
<u></u>	Spouse		V A
	SA Any		1270.
what life I	Spouse	7 ₃	さ ≯
Ameritas Life Ins. Co. New York, NY	Spouse	てア	ک
About Food	SAlmey		1030
Incident Control Sustans LLC Boston MA	Salmy		6000
Hwc.	SALARY		8978
H	Salams		439L.
Tulley Austractive Group, WARRY VI	Salar		1390.
Broteco back Certification Boston MA	S A MARCY		1506.
Bronze Craft Coro, Washua NH	Salar		6962
	SALARY		412
- Bostes M	SAlARY		3502

SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

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	Name
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	y E. Lambert
	Page 3 of 7

Phoenix Examples: 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. Charle of Lausin Ohio Nations mmbert . Associates, Boston Harris County, Texas Public Schools First Bank & Trust, Houston, TX XYZ Trade Association, Chicago, IL (Rec'd December 2) XYZ Corporation, Houston, TX Source (include date of receipt for honoraria) Cos. HARthord Murimack NH JO CINARTI OH 34 SAlAMI Salary Spouse Salary Honorarium Director's Fee Spouse Spouse Spoule Туре **Current Year to Filing** SOF OF Ζ Ά Z Z Z \$6,300 \$400 ₹ **Amount** 14 100 Preceding Year NA ZB ح ⊅ \$28,450 \$1,000 \$3,200 X

decades which is account part and the number of second et allocated. Comparing it is account to all to compare the compared part of the compared in account to all to compared the compared part of the compared in account to all to compared the compared part of the compared the compared part of the compa	BLOCK A Asset and/or Income Source	BLOCK B Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income
and a class expecting protect, and by any other continues and a class opposition of the continues and a class opposition of the continues and a complete amount of access to recently the continues and a class opposition of the continues and a clas	Dentify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at	Indicate value of asset at close of reporting year If you use a valuation	Check all columns that apply. For retirement accounts that do not	For assets for which you checked "Tax-Deferred" in Block C, you may
A	of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year.	reporting year. If you use a valuation method other than fair market value, please specify the method used.	retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k)	check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as
Example	Provide complete names of stocks and mutual funds (do not use ticker symbols).	If an asset was sold during the reporting year and is included only because	plans or IRAs), you may check the "Tax-Deferred" column. Dividends, interest and central rains even	income. Check "None" if no income was earned or generated.
Company Column	For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.	it generated income, the value should be "None."	if reinvested, must be dis- closed as income. Check "None" if the accet constraint on income	spouse or dependent child.
Boundary Proceeding Proce	For rental or other real property held for investment, provide a complete address or a description, e.g., "rental property," and the city and state.	*This column is for assets solely held by your spouse or dependent child.	during the reporting period.	
Description Process Section Process Section Process Section	For an ownership interest in a privately-held business that is not publicly traded, state the name of the business the nature of its activities and its neographic	8 C D E E E E E E E E E E E E E E E E E E		
### Bandlet - Your personal residency including source from an object of the policy of search process and any infancial residency from a sign of the policy	location in Block A.		ne)	
Description	Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in personal checking or savings accounts: and any financial interest in or income	100*	Farm Incom	
Description Part	the Thrift Savings Plan.	00		\$1,0
Part	If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held with your spouse (JT), in the optional column on the far left.	000 ,000 0,000 0,000 00,000 5,000,000 25,000,00	ND TRU D come	000 000 000,000 5,000,000 000 000 000 00
Padding Specific	For a detailed discussion of Schedule II requirements, please refer to the instruction booklet.	\$15,00 - \$50,0 - \$100 1 - \$25 1 - \$50 01 - \$5 01 - \$5 01 - \$5 001 - \$5 0,000,0	ST GAIN: ED/BL ERRE	\$1,000 - \$2,500 - \$5,000 - \$15,00 - \$15,00 - \$100 1 - \$1,001 - \$1,000 - \$2,500 - \$15,00 - \$15,00
Sp Maga Corp. Stock		\$1 - \$1, \$1,001 - \$15,001 \$50,001 \$100,00 \$250,00 \$500,00 \$5,000,6 \$25,000 \$25,000 \$25,000	DIVIDER RENT INTERE CAPITAL EXCEPTAX-DE Other Ty	\$1 - \$201 - 1 \$1,001 - 1 \$2,501 - 1 \$2,501 - 1 \$5,001 - 1 \$50,001 \$100,00 \$1,000,00 \$1 - \$2 \$201 - 1 \$1,001 - 1 \$2,501 - 1 \$2,501 - 1 \$1,000,00 \$1,000,00 \$1,000,00 \$1,000,00 \$1,000,00 \$1,000,00 \$1,000,00 \$1,000,00 \$1,000,00 \$1,000,00 \$1,000,00 \$1,000,00
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SCHEDÜLE III — LIABILITIES

Name GARY E. Lambert Page 6 of.

owed during the reporting period. Exclude: Any mortgage on your personal residence (unless there is rental income); loans secured by automobiles, household furni-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 ture, 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.

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SP JC,		50	SP		
Creditor Example: First Bank of Wilmington, DE LAKE Sunapce Bank		LAKE Sumaper BANK	Lake Suropes Back		
Liability incurred mo/year May 1998	May 1998	ومد عمو	COLLOG		
Type of Liability Mortgage on 123 Main Street, Dover, DE NASMA- ルナ アハクアナビルなと らっしり ひゃるり りゃ	Mortgage on 123 Main Street, Dover, DE	oct 2009 MORTGAGE on 24 Broad 1+	line of credit		
\$10,001 \$15,000					
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Spouse/DC					
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SCHEDULE IV — POSITIONS

any nonprofit organization, any labor organization, or any educational or other institution other than the United States. cer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, company, firm, partnership, or other business enterprise, 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 offi-

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

Position	Name of Organization
Truster	Greater Mashum Mental Health Center
Trustee	Keesan Family Courase + Faith Foundation

SCHEDULE V — AGREEMENTS

Name GAM E. Lambert

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			Date	service; continui efit plan maintali	Identify the date
		•	Parties To	service; continuation or deferral of payments by a former or current employer other the effit plan maintained by a former employer.	, parties to, and general terms of any agreement or arrangement with
			Terms of Agreement	service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.	Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government

SCHEDULE VI - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of such compensation received by you or your business affiliation for services provided directly by you during the *two* prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise, or any nonprofit organization if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. Government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule i.

Source (Name and Address)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting services
See Schedule I	