POSTMARK ILLEGIBLE

UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT	For New Members, Ca	FORM B For New Members, Candidates, and New Employees	LEGISLATIVE RESOURGE CENTER	NOOME CENTER
Name: GARY E. LAmbot	Daytime Telephone:	•	OFFICE OF THE CLERK U.S. HOUSE OF REPRESENTATIVES	PRESENTATIVES
New Member of or Candidate for State: NH U.S. House of Representatives District: NH Candidates – Date of Election: Nov. 4, 2019	2 2	Check if Amendment	(Office Use Only)	
New Officer or Employee Employing Office:		Period Covered: January 1, <u>2013</u> to 1313112013	A \$200 penalty shall be assessed against any individual who files more than 30 days late.	instany s late.
PRELIMINARY INFORMATION – ANSWER <u>EACH</u> OF THESE QUESTIONS	: THESE QUESTIC	SNC		
A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or b. Make more than \$200 in unearmed income from any reportable asset during the reporting period?	No Ec	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	ng the reporting period Yes No	
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the Yes reporting period?	No F.C	F. Do you have any reportable agreements or arrangements with an outside entity?	r arrangements with Yes No	\times
D. Did you, your spouse, or your dependent child have any reportable Yes liability (more than \$10,000) at any point during the reporting period?	No. J.C	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	n \$5,000 from a single Yes No	
ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER	ESPONDING SCHE		YES"	
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER <u>BOTH</u> OF TH	INFORMATION -	ANSWER <u>BOTH</u> OF THES	ESE QUESTIONS	
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 that benefits you, your spouse, or dependent child?	n Ethics and certain other "e	xcepted trusts" need not be disclosed. Hi	ave you excluded from Yes No	×
EXEMPTION – Have you excluded from this report any other assets, "uneamed" income, transactions, or liabilities of a spouse or dependent child tests for exemption? Do not answer 'yes' unless you have first consulted with the Committee on Ethics.	come, transactions, or liabili Committee on Ethics.		because they meet all three Yes No 🔀	M

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: CARUE LAMBERT Page 2 of 7

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Use additional sheets if more space is required.

SCHEDULE A - ASSETS & "UNEARNED INCOME"

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Use additional sheets if more space is required.

SCHEDULE C - EARNED INCOME

Name: Cary E. Lanbert Page 4 of 7

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer and filer's 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.

INCOME LIMITS and PROMIBITED INCOME: The 2013 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$26,955. It is unchanged in 2014. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.

		comit community are comit profile	province for members and senior sizin.
Source (include date of receipt for honoraria)	Type		Amount
	1350	Current Year to Filing	Preceding Year
	Honorarium	\$6	\$500
Examples: CM Wer Roundable, Richmond, VA (Oct. 2)	Smile Speech	\$20,000	\$70,000
Onlario County Board of Education	Spouse Salary	N/A	\$1,000 N/A
CLARK + LAUEY BENEFITS	SALARY	" 1524	ଚ
PLANETREE INC	\a_{=7}	\$ 1180	56838
PROVEN INC	50 57	\$ 8840	9
WHALE IMAGING INC	Salery	87107	0
SHUTTERSOUG INC	Selery	* 3409	0
MAGS. INSTITUTE OF TECHNOLOY	School	* 73L3	0
BROWZE CRAFT CORP	Salan	* 100J	• 6952
TPSWICH MANAGEMENT	Selary	42847	0
TAMPOST LAW GROUP	Salary	T441 #	0
HEALTHY ENVIRONMENT FUNDUATION	Salary	× 11,80L	0
BRIOGE WATER CREDIT UNION	Sclary	\$ 1000	0
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SCHEDULE C - EARNED INCOME

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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) totaling \$200 or more during the reporting period. For both the filer and filer's spouse, list the source and amount of any honoraria. List only the source for other spouse earned income exceeding \$1,000. See examples below.

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		Am	Amount
Source (include date of receipt for honoraria)	Туре	Current Year to Filing	Preceding Year
ABC Trade Association, Buildinore, MD (July 15)	Honoradum	\$0	\$500
Examples: State of Maryland Examples: Chill War Roundache Richmond, VA (Oct 2)	Source Speech	\$20,000	\$76,000
Ontario County Board of Education	Spouse Salary	N/A	«X
LAMBERT & AUSOCIATIS	SALARY	· 172,854	30F,05 *
LPL FINANCIAL	Spouse Salan	Z	NA
CLARK & LAVEY	Spouse 5	AN	NA
LANTIC BENEFIT	Spouse	NA	NA
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SCHEDULE D - LIABILITIES

	Name:	
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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 your dependent child. Mark the highest amount owed during the reporting period. New Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, soushold furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. *Column K is for liabilities held solely by your spouse or dependent child.

	SP.	Ехапрію				SP LANG SUL	
	Creditor		First Bank of Willrington, DE	First Bank of Williamington, DE	Fres Bank of Willington, DE PROULDENT BADIC LAKE SULKIEE BANK	Free Bank of Wallington, DE PROULDENT BANG LAKE SULVEPEE AFWE LAKE SULVAPEE GANG	First Bank of Williamington, DE CAT RADIC RYSE DAWK MAPEE BANIC
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	Over \$1,000,000* (Spoule/DC Liability)						

SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions listed in Schedule C; positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. New Members and second-year candidates report positions held in the reporting period and the current calendar years.

Position	Name of Organization
TRUSTEE	GREATER NASHUA MEDICAL CENTER
Trustee	KEEGAN FAMILY COMMSEE - FAITH FOUNDATION

SCHEDULE F - AGREEMENTS

Name:	
GARY 8	
Lambert	
Page 7 of 7	

Identify the da continuation o	Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfar	Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government 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.
Date	Parties to Agreement	Terms of Agreement

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

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise 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 C.

despending and any manifestation of the second of the second of any	geren in en any men'ny en nontronona de a result of a principal anaboliship recognition by fore. By the tapest intelligent of the tapest of tape
Source (Name and City/State)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting Services
See Schedule C	