

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines.

12FE4M5

LAMBERT FOR CONGRESS

ADDRESS (number and street)

P.O. BOX 964

Check if different than previously reported. (ACC)

NASHUA

NH

03061

2. FEC IDENTIFICATION NUMBER

C00548917

CITY

STATE

ZIP CODE

STATE DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

NH

02

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
July 15 Quarterly Report (Q2)
October 15 Quarterly Report (Q3)
January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

- Primary (12P) General (12G) Runoff (12R)
Convention (12C) Special (12S)

Election on MM/DD/YYYY in the State of

(c) 30-Day POST-Election Report for the:

- General (30G) Runoff (30R) Special (30S)

Election on MM/DD/YYYY in the State of

5. Covering Period

MM/DD/YYYY 10/01/2015

through

MM/DD/YYYY 12/31/2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer BRADLEY T CRATE

Signature of Treasurer BRADLEY T CRATE

[Electronically Filed]

Date

MM/DD/YYYY 01/08/2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only

FEC FORM 3 (Revised 02/2003)

**SUMMARY PAGE**  
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name  
**LAMBERT FOR CONGRESS**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e))....	0.00	0.00
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	0.00	0.00
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	0.00	1933.81
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	5.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	0.00	1928.81
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	13.09	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	128570.66	

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**LAMBERT FOR CONGRESS**

Report Covering the Period: From:  /  /  To:  /  /

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	0.00
(ii) Unitemized.....	0.00	0.00
(iii) TOTAL of contributions from individuals ▶	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	0.00	0.00
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	5.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	0.00	5.00

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	0.00	1933.81
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	0.00	1933.81

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	13.09
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	0.00
25. SUBTOTAL (add Line 23 and Line 24).....	13.09
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	0.00
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	13.09

**SCHEDULE C (FEC Form 3)**  
**LOANS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.6236

**LAMBERT FOR CONGRESS**

LOAN SOURCE Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2014

**GARY LAMBERT**

Primary

General

Other (specify) ▼

Mailing Address

32 COLUMBIA AVENUE

City

State

ZIP Code

NASHUA

NH

03064

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

50000.00

0.00

50000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

08

19

2014

12/31/14

0.00

% (apr)

Yes

No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

**SUBTOTALS** This Period This Page (optional)..... ▶

50000.00

**TOTALS** This Period (last page in this line only)..... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)  
LOANS**

NAME OF COMMITTEE (In Full) **LAMBERT FOR CONGRESS** Transaction ID : **SC/10.6247**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>GARY LAMBERT</b>	<b>[PERSONAL FUNDS]</b>	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 32 COLUMBIA AVENUE		

City	State	ZIP Code
NASHUA	NH	03064

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
50000.00	0.00	50000.00

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate	Secured:
	08 / 29 / 2014	12/31/14	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....	50000.00
<b>TOTALS</b> This Period (last page in this line only).....	100000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 7 OF 9
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)

**LAMBERT FOR CONGRESS**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**CANDIDATE COMMAND, LLC**

Mailing Address 1420 NW VIVION STE 113

City State Zip Code  
 KANSAS CITY MO 64118

Nature of Debt (Purpose):  
 BROADBAND SERVICES

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10.6430</b>	
594.81		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	594.81

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**CANDIDATE COMMAND, LLC**

Mailing Address 1420 NW VIVION STE 113

City State Zip Code  
 KANSAS CITY MO 64118

Nature of Debt (Purpose):  
 BROADBAND SERVICES

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10.6431</b>	
292.21		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	292.21

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**FAIRFIELD'S**

Mailing Address 434 WINCHESTER STREET

City State Zip Code  
 KEENE NH 03431

Nature of Debt (Purpose):  
 CONTRIBUTION REFUND

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10.6435</b>	
1000.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	1000.00

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	1887.02
2) <b>TOTALS</b> This Period (last page this line number only) .....	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)  9  10

NAME OF COMMITTEE (In Full)

**LAMBERT FOR CONGRESS**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**FOX FIRE PROPERTY MANAGEMENT**

Mailing Address PO BOX 1438

City State Zip Code  
 CONCORD NH 03302

Nature of Debt (Purpose):  
 RENT

Outstanding Balance Beginning This Period **Transaction ID : SD10.6432**  
 1300.00

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period  
 0.00 0.00 1300.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**MAJORITY STRATEGIES**

Mailing Address 135 PROFESSIONAL DRIVE SUITE 104

City State Zip Code  
 PONTE VEDRA BEACH FL 32082

Nature of Debt (Purpose):  
 STRATEGY CONSULTING

Outstanding Balance Beginning This Period **Transaction ID : SD10.6433**  
 18383.64

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period  
 0.00 0.00 18383.64

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**M STREET INSIGHT, LLC**

Mailing Address 3039 M STREET NW #3

City State Zip Code  
 WASHINGTON DC 20007

Nature of Debt (Purpose):  
 FUNDRAISING CONSULTING

Outstanding Balance Beginning This Period **Transaction ID : SD10.6436**  
 6000.00

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period  
 0.00 0.00 6000.00

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	▶	25683.64
2) <b>TOTALS</b> This Period (last page this line number only) .....	▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶		



**SCHEDULE D (FEC Form 3)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

NAME OF COMMITTEE (In Full)

**LAMBERT FOR CONGRESS**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>THE PALMIER FOUNDATION</b>		Nature of Debt (Purpose): CONTRIBUTION REFUND
Mailing Address 745 BOYLSTON ST SUITE 502		
City	State	Zip Code
BOSTON	MA	02116

Outstanding Balance Beginning This Period	Transaction ID : SD10.6434	
<input type="text" value="1000.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="1000.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):
Mailing Address		
City	State	Zip Code

Outstanding Balance Beginning This Period		
<input type="text"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text"/>	<input type="text"/>	<input type="text"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):
Mailing Address		
City	State	Zip Code

Outstanding Balance Beginning This Period		
<input type="text"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text"/>	<input type="text"/>	<input type="text"/>

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="1000.00"/>
2) <b>TOTALS</b> This Period (last page this line number only) .....	<input type="text" value="28570.66"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text" value="100000.00"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="128570.66"/>