FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3		For Ar		zed Comr	nittee	'		Office	e Use Only
1. NAME OF COMMITTEE (in	full)	TYPE OR PF	RINT ▼		mple: If typing	g, type	12FE4M	5	
LAMBERT FO	R CON	NGRESS							ı
ADDRESS (number ar	nd street)	P.O. BOX 9	64						
Check if dit	ferent								
than previous reported. (A		NASHUA					NH	03061	
2. FEC IDENTIFIC	CATION	NUMBER ▼		CITY			STATE A		ZIP CODE A STATE ▼ DISTRICT
C C005489	17			S THIS REPORT	× NEW (N)	OR	AMENI (A)	DED	NH 02
			1					\dashv	
4. TYPE OF RE		Choose One)	(b) 1	2-Day PRE -	Election Repo	rt for the:			
(a) Quarterly R	eports:				Primary (12P)		General (12G)	Runoff (12R)
× April 15	Quarterl	y Report (Q1)		$\overline{\Box}$	Convention (-	Special (1	106)	
July 15	Quarterly	Report (Q2)			Convention (120)	Special (123)	
Octobe	r 15 Quar	terly Report (Q3)		Election on	M M /	D D /	Y " Y " Y		in the State of
January	/ 31 Year-	End Report (YE)	(c) 3	0-Day POS1	-Election Rep	ort for the:			
					General (30G		Runoff (3	0R)	Special (30S)
Termina	ation Repo	ort (TER)		Election on	M M /	D D /	Y Y Y Y		in the State of
5. Covering Period	IV	01 / 01)15	through	M M M 03	/ 31 /		Y
I certify that I have e	examined	this Report and	I to the be	st of my kno	wledge and l	pelief it is tr	ue, correct an	d com	plete.
Type or Print Name	of Treasu	rer BRADLEY	T CRATE						
Signature of Treasure	er <u>B</u>	RADLEY T CRATE	,	ı	Electronically I	Filed] [Date 04	/	15 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NOTE: Submission of	false, erre	oneous, or incon	plete inform	nation may s	ubject the per	son signing t	this Report to t	the per	nalties of 2 U.S.C. §437g.
Office									EC FORM 3
Use Only									Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

PAGE 2 / 9

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

LAMBERT FOR CONGRESS

Re	eport	t Covering the Period: From:	01 / 01 / Y Y Y Y Y TO:	M 03 M / 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
			COLUMN A This Period	COLUMN B Election Cycle-to-Date
6.	Net	Contributions (other than loans)		
	(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
7.	Net	Operating Expenditures		
	(a)	Total Operating Expenditures (from Line 17)	0.00	1933.81
	(b)	Total Offsets to Operating Expenditures (from Line 14)	5.00	5.00
	(c)	Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	-5.00	1928.81
8.		sh on Hand at Close of porting Period (from Line 27)	13.09	
9.	the	ots and Obligations Owed TO Committee (Itemize all on medule C and/or Schedule D)	0.00	
10.	the	ots and Obligations Owed BY Committee (Itemize all on ledule C and/or Schedule D)	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 PAGE 3 / 9 FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

LAMBERT FOR CONGRESS

01 2015 03 31 2015 Report Covering the Period: From: To:

I. RECEIPTS		COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
1. CON	ITRIBUTIONS (other than loans) FROM:		
` ,	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
	Political Party Committees Other Political Committees	0.00	0.00
()	(such as PACs)	0.00	0.00
(e)	The Candidate TOTAL CONTRIBUTIONS (other than loans)	0.00	0.00
	(add Lines 11(a)(iii), (b), (c), and (d))	0.00	0.00
	NSFERS FROM OTHER HORIZED COMMITTEES	0.00	0.00
3. LOAI			
	Made or Guaranteed by the Candidate	0.00	0.00
(/	All Other Loans TOTAL LOANS	0.00	0.00
. ,	(add Lines 13(a) and (b))	0.00	0.00
	SETS TO OPERATING ENDITURES		
	unds, Rebates, etc.)	5.00	5.00
	ER RECEIPTS dends, Interest, etc.)	0.00	0.00
11(e)	AL RECEIPTS (add Lines), 12, 13(c), 14, and 15) ry Total to Line 24, page 4)	5.00	5.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3 (Revised 02/2003)

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	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
		0.00	0.00
	(b) Political Party Committees(c) Other Political Committees	0.00	0.00
	(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.	TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)	0.00	1933.81
	III. CASH SU	JMMARY	
23.	CASH ON HAND AT BEGINNING OF REPOR	RTING PERIOD	8.09
24	TOTAL RECEIPTS THIS PERIOD (from Line	16, page 3)	5.00
25.	SUBTOTAL (add Line 23 and Line 24)		13.09
26.	TOTAL DISBURSEMENTS THIS PERIOD (froi	m Line 22)	0.00
	CASH ON HAND AT CLOSE OF REPORTING (subtract Line 26 from Line 25)	G PERIOD	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)

PAGE

5

×	13a
	13b

9

Detailed Summary Page Transaction ID: SC/10.6236 NAME OF COMMITTEE (In Full) LAMBERT FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary GARY LAMBERT General Mailing Address Other (specify) \blacktriangledown 32 COLUMBIA AVENUE City State ZIP Code NH 03064 NASHUA Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 50000.00 0.00 50000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^M08^M ^D19^D ž014 0.00 12/31/14 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State 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**

Use separate schedule(s)

FOR LINE NUMBER:

PAGE

×	13a
	13b

for each category of the (check only one) Detailed Summary Page Transaction ID: SC/10.6247 NAME OF COMMITTEE (In Full) LAMBERT FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary GARY LAMBERT General Mailing Address Other (specify) \blacktriangledown 32 COLUMBIA AVENUE City State ZIP Code NH 03064 NASHUA Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 50000.00 0.00 50000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 29 ^M 08^M ž014 0.00 12/31/14 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State Outstanding: SUBTOTALS This Period This Page (optional)..... 50000.00 TOTALS 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
FOR LINE NUMBER:
(check only one)

	9
X	10

9

NAME OF COMMITTEE (In Full)

LAMBERT FOR CONG	RESS		
A. Full Name (Last, First, Middle Initial) of Debto	Nature of Debt (Purpose): BROADBAND SERVICES		
Mailing Address 1420 NW VIVION STE 113			
City State KANSAS CITY	Zip Code MO	64118	
Outstanding Balance Beginning This Period 594.81			Transaction ID : SD10.6430
Amount Incurred This Period	Payr	nent This Period	Outstanding Balance at Close of This Period
0.00	,	0.00	594.81
B. Full Name (Last, First, Middle Initial) of Debtor CANDIDATE COMMAND, LLC	or Creditor		Nature of Debt (Purpose): BROADBAND SERVICES
Mailing Address 1420 NW VIVION STE 113			
City State KANSAS CITY	Zip Code MO	64118	
Outstanding Balance Beginning This Period 292.21			Transaction ID : SD10.6431
Amount Incurred This Period	Payr	nent This Period	Outstanding Balance at Close of This Period
0.00		0.00	292.21
C. Full Name (Last, First, Middle Initial) of Debto	or or Creditor		Nature of Debt (Purpose): CONTRIBUTION REFUND
Mailing Address 434 WINCHESTER STREET			
City KEENE	State NH	Zip Code 03431	
Outstanding Balance Beginning This Period			Transaction ID : SD10.6435
Amount Incurred This Period	Payr	nent This Period	Outstanding Balance at Close of This Period
0.00	,	0.00	1000.00
1) SUBTOTALS This Period This Page (optional)			1887.02
2) TOTALS This Period (last page this line number	only)		>
3) TOTAL OUTSTANDING LOANS from Schedule	C (last page on	у)	•
4) ADD 2) and 3) and carry forward to appropriate	line of Summa	ry Page (last page only)	• , ,

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

Excluding Loans

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

PAGE 8 OF FOR LINE NUMBER: (check only one)

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		9
	X	10

9

NAME OF COMMITTEE (In Full)

LAN	IBERT	FOR	CON	GRESS
		. •	\sim \sim \sim	\sim

AIVIDER I FOR CONG	RESS	
A. Full Name (Last, First, Middle Initial) of Debtor FOXFIRE PROPERTY MANAGE	Nature of Debt (Purpose): RENT	
Mailing Address PO BOX 1438		
City State	Zip Code	_
CONCORD	NH 03302	
	1411 00002	
Outstanding Balance Beginning This Period 1300.00		Transaction ID : SD10.6432
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 MAJORITY STRATEGIES	or Creditor	Nature of Debt (Purpose): STRATEGY CONSULTING
Mailing Address 135 PROFESSIONAL DRIVE SUITE 104		
City State	Zip Code	
PONTE VEDRA BEACH	FL 32082	
Outstanding Balance Beginning This Period 18383.64 Amount Incurred This Period	Payment This Period	Transaction ID : SD10.6433
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 M STREET INSIGHT, LLC	r or Creditor	Nature of Debt (Purpose): FUNDRAISING CONSULTING
Mailing Address 3039 M STREET NW #3		
City	State Zip Code	
WASHINGTON	DC 20007	
Outstanding Balance Beginning This Period 6000.00		Transaction ID : SD10.6436
Amount Incurred This Paried	Payment This Period	Outstanding Palance at Class of This Pariod
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	6000.00
SUBTOTALS This Period This Page (optional)	>	25683.64
TOTALS This Period (last page this line number	only)	
TOTAL OUTSTANDING LOANS from Schedule C	C (last page only)	
ADD 2) and 3) and carry forward to appropriate	line of Summary Page (last page only)	

1)

2)

3)

SCHEDULE D (FEC Form 3) DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 9 OF
FOR LINE NUMBER:
(check only one)

:		
		9
	X	10

9

NAME OF COMMITTEE (I	n Full)		
LAMBERT	FOR	CONGRE	ESS

-AIVIDER I FOR CONGI		IN	
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor THE PALMIER FOUNDATION		Nature of Debt (Purpose): CONTRIBUTION REFUND	
		CONTRIBUTION REPORD	
Mailing Address 745 BOYLSTON ST		_	
SUITE 502 City State	Zip Code		
City State BOSTON	MA 02116		
	IVIA 02116		
Outstanding Balance Beginning This Period		Transaction ID : SD10.6434	
1000.00			
Amount Incurred This Period	Dowmant This Pariod	Outstanding Palance at Class of This Pavied	
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	1000.00	
B. Full Name (Last, First, Middle Initial) of Debtor o	r Creditor	Nature of Debt (Purpose):	
Mailing Address			
Cit. Chata	7:- Oada	_	
City State	Zip Code		
Amount Incurred This Period C. Full Name (Last, First, Middle Initial) of Debtor of	Payment This Period	Outstanding Balance at Close of This Period Nature of Debt (Purpose):	
	. Clouds	rvature or best (r urpose).	
Mailing Address			
City	State Zip Code	-	
, 	2.5 0000		
Outstanding Balance Beginning This Period Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
Amount incurred this Period	rayment this renou	Cutstanding balance at Close of This Period	
9 9 9 9		, , , , , , , , , , , , , , , , , , ,	
SUBTOTALS This Period This Page (ontional)	•	1000.00	
SUBTOTALS This Period This Page (optional)			
TOTALS This Period (last page this line number only)		28570.66	
TOTAL OUTSTANDING LOANS from Schedule C (last page only)		100000.00	
ADD 2) and 3) and carry forward to appropriate lin	128570.66		