

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00080253	2 Total pages filed: 48	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR The Honorable	FIRST Standard D.	MI 	OFFICE USE ONLY Date Received ELECTRONICALLY FILED 01/16/2024
	NICKNAME Stan	LAST Lambert	SUFFIX 	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE P.O. Box 3752 Abilene, TX 79604		Date Hand-delivered or Date Postmarked	
			Receipt #	Amount
			Date Processed	
			Date Imaged	
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs.	FIRST Becky	MI 	
	NICKNAME	LAST Rentz	SUFFIX	
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 18 Pinehurst Abilene, TX 79606			
7 CAMPAIGN TREASURER PHONE	AREA CODE (325)	PHONE NUMBER 280-6407	EXTENSION	
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)			
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)			
9 PERIOD COVERED	Month Day Year 07/01/2023	THROUGH		Month Day Year 12/31/2023
10 ELECTION	ELECTION DATE Month Day Year 03/05/2024		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any) State Representative District 71		12 OFFICE SOUGHT (if known) State Representative District 71	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

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13 C / OH NAME Lambert, Standard D. (The Honorable) **14 Filer ID** (Ethics Commission Filers)
00080253

15 NOTICE FROM POLITICAL COMMITTEE(S)
 Additional Pages

This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures.

<input checked="" type="checkbox"/> GENERAL	COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> SPECIFIC		Texas Alliance for Life Political Action Committee
	COMMITTEE ADDRESS	8000 Centre Park Drive Ste. 380 Austin, TX 78754
	COMMITTEE CAMPAIGN TREASURER NAME	Shaw, James
	COMMITTEE CAMPAIGN TREASURER ADDRESS	4505 Corazon Cove Round Rock, TX 78681

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	62,468.85
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	2,997.81
	4. TOTAL POLITICAL EXPENDITURES	\$	80,616.19
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	186,015.97
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

17 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

The Honorable Standard D. Lambert

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering Printed name of officer administering Title of officer administering oath

SUBTOTALS - C/OH

18 FILER NAME Lambert, Standard D. (The Honorable)		19 Filer ID 00080253	(Ethics Commission Filers)
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	55,131.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	7,337.85
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$	
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	68,646.69
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	6,029.09
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$	5,940.41
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/19 Rpt: 4/48
2 FILER NAME Lambert, Standard D. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080253
4 Date 12/05/2023	5 Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00040279) Abbott Laboratories Employee Political Action Committee <hr/> 6 Contributor address; City; State; Zip Code Abbott Park, IL 60064	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Albus, Donna (Ms.) <hr/> Contributor address; City; State; Zip Code Abilene, TX 79601	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Archibald, Norm (Mr.) <hr/> Contributor address; City; State; Zip Code Abilene, TX 79601	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Association of Professional Educators Political Action Committee <hr/> Contributor address; City; State; Zip Code Austin, TX 78752	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bell, Jennifer (Ms.) <hr/> Contributor address; City; State; Zip Code Abilene, TX 79601	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/19 Rpt: 5/48
2 FILER NAME Lambert, Standard D. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080253
4 Date 12/14/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bessent, Brian (Mr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Abilene, TX 79605	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Black, Charles (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Abilene, TX 79605	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blackridge	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78701	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Browing, Cade (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Abilene, TX 79604	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cain, Randy (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78763	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/19 Rpt: 6/48
2 FILER NAME Lambert, Standard D. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080253
4 Date 12/05/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cobb, Don (Mr.)	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Abilene, TX 79601	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cobb, Kara (Mrs.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Abilene, TX 79601	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Comcast Corporation & NBCUniversal Political Action Committee	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Philadelphia, PA 19103	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Conn Appliances Inc Employees Political Action Committee	Amount of Contribution (\$) \$5,000.00
	Contributor address; City; State; Zip Code The Woodlands, TX 77381	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cross Oak Group	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Austin, TX 78701	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/19 Rpt: 7/48
2 FILER NAME Lambert, Standard D. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080253
4 Date 12/21/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crowley, Lynn <hr/> 6 Contributor address; City; State; Zip Code Abilene, TX 79605	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daugherty, Shannon (Ms.) <hr/> Contributor address; City; State; Zip Code Abilene, TX 79601	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deborah Goodell Polan, PC <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$1,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dodd, Lori (Ms.) <hr/> Contributor address; City; State; Zip Code Gorman, TX 76454	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gill, Lawrence (Mr.) <hr/> Contributor address; City; State; Zip Code Abilene, TX 79602	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/19 Rpt: 8/48
2 FILER NAME Lambert, Standard D. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080253
4 Date 12/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goodman, Caleb (Mr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Austin, TX 78757	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grubbs, Gary (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Abilene, TX 79602	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOMEPAC of Texas Association of Builders	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78701	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HS Law Political Action Committee	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78701	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hall, Jason (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Abilene, TX 79605	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/19 Rpt: 9/48
2 FILER NAME Lambert, Standard D. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080253
4 Date 12/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hardaway, David (Mr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Abilene, TX 79605	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haynes, Bill (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Abilene, TX 79605	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haynes, Carol (Mrs.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Abilene, TX 79605	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HillCo Political Action Committee	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78701	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holder, Ray (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Abilene, TX 79601	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/19 Rpt: 10/48
2 FILER NAME Lambert, Standard D. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080253
4 Date 12/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holland, Bradlee (Mr.)	7 Amount of Contribution (\$) \$250.00
	6 Contributor address; City; State; Zip Code Abilene, TX 79602	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holzheuser, Craig (Mr.)	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Austin, TX 78756	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hood, Derek (Mr.)	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Abilene, TX 79601	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hukill, Betty (Ms.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Abilene, TX 79605	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hurt, Weldon (Mr.)	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code Abilene, TX 79604	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/19 Rpt: 11/48
2 FILER NAME Lambert, Standard D. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080253
4 Date 12/05/2023	5 Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00437244) Invenergy Investment Company LLC <hr/> 6 Contributor address; City; State; Zip Code Chicago, IL 60606	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson Walker LLP Political Action Committee <hr/> Contributor address; City; State; Zip Code Dallas, TX 75201	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Jonathan (Mr.) <hr/> Contributor address; City; State; Zip Code Abilene, TX 79606	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) K&L Gates LLP Committee for Good Government <hr/> Contributor address; City; State; Zip Code Dallas, TX 75201	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keffer Konsulting LLC <hr/> Contributor address; City; State; Zip Code Eastland, TX 76448	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/19 Rpt: 12/48
2 FILER NAME Lambert, Standard D. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080253
4 Date 12/21/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kennedy, Braden (Mr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Austin, TX 78741	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/10/2023	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00236489) Koch Industries Inc Political Action Committee	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Wichita, KS 67220	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lanier, Donna (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Abilene, TX 79602	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lantrip, Gene (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Abilene, TX 79606	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linebarger Goggan Blair & Sampson LLP	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78760	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/19 Rpt: 13/48
2 FILER NAME Lambert, Standard D. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080253
4 Date 12/05/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lloyd Gosselink Rochelle & Townsend PC	7 Amount of Contribution (\$) \$500.00
6 Contributor address; City; State; Zip Code Austin, TX 78701		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McAlister, Kyle (Mr.)	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Abilene, TX 79601		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGrew, Leetha (Ms.)	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Abilene, TX 79601		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meyers, Lucas (Mr.)	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code Austin, TX 78701		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moak Casey Political Action Committee	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code Austin, TX 78746		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/19 Rpt: 14/48
2 FILER NAME Lambert, Standard D. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080253
4 Date 12/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mooney, Angela (Ms.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Abilene, TX 79601	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Jay (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Abilene, TX 79602	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Laura (Mrs.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Abilene, TX 79602	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morris, Marshall (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Abilene, TX 79606	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NRG Energy Inc Political Action Committee	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Princeton, NJ 08540	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/19 Rpt: 15/48
2 FILER NAME Lambert, Standard D. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080253
4 Date 12/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nash-Pfeifer, Darla (Ms.)	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Abilene, TX 79601	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Newman, Carolyn (Ms.)	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Abilene, TX 79602	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Newton, Michael (Mr.)	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Abilene, TX 79605	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) One Gas Inc Political Action Committee	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Tulsa, OK 74103	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Page, Sutton (Mr.)	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code Avoca, TX 79503	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/19 Rpt: 16/48
2 FILER NAME Lambert, Standard D. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080253
4 Date 12/21/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parker, Cindy (Mrs.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Abilene, TX 79602	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parker, Jim (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Abilene, TX 79602	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pfeifer, Walt (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Abilene, TX 79604	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pittman, David (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Abilene, TX 79605	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Price-Hawkins, Kaye (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Abilene, TX 79601	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/19 Rpt: 17/48
2 FILER NAME Lambert, Standard D. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080253
4 Date 12/21/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Purcell, Eugene (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Abilene, TX 79605	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reider, Yanell <hr/> Contributor address; City; State; Zip Code Abilene, TX 79606	Amount of Contribution (\$) \$70.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rock Holdings Inc State Political Action Committee <hr/> Contributor address; City; State; Zip Code Lansing, MI 48933	Amount of Contribution (\$) \$1,250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ron Lewis & Associates <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rural Friends of Electric Cooperatives <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$2,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/19 Rpt: 18/48
2 FILER NAME Lambert, Standard D. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080253
4 Date 12/21/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Souders, Russell (Mr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Abilene, TX 79605	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spiva, Kay (Mrs.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Abilene, TX 79606	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sublette, Garrett (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Abilene, TX 79606	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Teague, Thomas (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Frisco, TX 75034	
Principal occupation / Job title (See Instructions) Co-Founder		Employer (See Instructions) Westwood Residential
Date 12/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texans for Lawsuit Reform Political Action Committee	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78701	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/19 Rpt: 19/48
2 FILER NAME Lambert, Standard D. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080253
4 Date 12/05/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Agricultural Aviation Association Political Action Committee <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78701	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Alliance for Life Political Action Committee <hr/> Contributor address; City; State; Zip Code Austin, TX 78754	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Apartment Association Political Action Committee <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$1,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Automobile Dealers Association Political Action Committee <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Bankers Association Bankers Political Action Committee <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$3,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/19 Rpt: 20/48
2 FILER NAME Lambert, Standard D. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080253
4 Date 12/21/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Building Branch AGC Political Action Committee <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78701	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Farm Bureau AGFUND <hr/> Contributor address; City; State; Zip Code Waco, TX 76702	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Optometric Political Action Committee <hr/> Contributor address; City; State; Zip Code Austin, TX 78705	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) The American Electric Power Company-Texas-Committee for Resp Govt <hr/> Contributor address; City; State; Zip Code Columbus, OH 43215	Amount of Contribution (\$) \$1,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Union Pacific Corporation Fund for Effective Government <hr/> Contributor address; City; State; Zip Code Washington, DC 20005	Amount of Contribution (\$) \$1,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/19 Rpt: 21/48
2 FILER NAME Lambert, Standard D. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080253
4 Date 12/05/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vistra Employee Political Action Committee	7 Amount of Contribution (\$) \$1,500.00
	6 Contributor address; City; State; Zip Code Irving, TX 75039	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 07/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Waldraff, Richard (Mr.)	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Abilene, TX 79606	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walker, Jeremy (Mr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Abilene, TX 79606	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wertheim, Paul (Mr.)	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Abilene, TX 79602	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White, Gwen (Ms.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Abilene, TX 79606	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 19/19 Rpt: 22/48
2 FILER NAME Lambert, Standard D. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080253
4 Date 12/05/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wholesale Beer Distributors of Texas Political Action Committee 6 Contributor address; City; State; Zip Code Austin, TX 78701	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 1/2 Rpt: 23/48	
2 FILER NAME Lambert, Standard D. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080253	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 11/03/2023	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Associated Republicans of Texas Campaign Fund	8 Amount of contribution (\$) \$4,000.00	9 In-kind contribution description Campaign Digital Advertising
	7 Contributor address; City; State; Zip Code Austin, TX 78746	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 09/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Associated Republicans of Texas Campaign Fund	Amount of contribution (\$) \$2,000.00	In-kind contribution description Campaign Digital Advertising
	Contributor address; City; State; Zip Code Austin, TX 78701	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 10/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Associated Republicans of Texas Campaign Fund	Amount of contribution (\$) \$1,000.00	In-kind contribution description Campaign Digital Advertising
	Contributor address; City; State; Zip Code Austin, TX 78701	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 2/2 Rpt: 24/48	
2 FILER NAME Lambert, Standard D. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080253	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 12/19/2023	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MoakCasey, LLC	8 Amount of contribution (\$) \$337.85	9 In-kind contribution description Food, Beverages and Venue for Campaign Fundraiser
	7 Contributor address; City; State; Zip Code Austin, TX 78701	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/22 Rpt: 25/48	2 FILER NAME Lambert, Standard D. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00080253
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4 Date 07/04/2023	5 Payee name Abilene Chamber of Commerce
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6 Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code 174 Cypress St., Ste. 200 Abilene, TX 79601
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Charitable donation to sponsor intern program
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/20/2023	Payee name Abilene Chamber of Commerce
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Amount (\$) \$200.00	Payee address; City; State; Zip Code 174 Cypress St., Ste. 200 Abilene, TX 79601
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Annual campaign membership dues
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 07/25/2023	Payee name Abilene Christian University
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Amount (\$) \$520.00	Payee address; City; State; Zip Code 1600 Campus Court Abilene, TX 79601
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Constituent gifts
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By -	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/22 Rpt: 26/48	2 FILER NAME Lambert, Standard D. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00080253
4 Date 07/21/2023	5 Payee name Anedot	
6 Amount (\$) \$65.93	7 Payee address; City; State; Zip Code 1340 Poydras Street Ste. 1770 New Orleans, LA 70112	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online contribution processing fees (7/21/2023 - 12/28/2023)
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/18/2023	Payee name Campaign Reporting Solutions, LLC	
Amount (\$) \$591.75	Payee address; City; State; Zip Code 110 Carriage Drive Lufkin, TX 75904	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign bookkeeping services
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/06/2023	Payee name Capitol Commission	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 12302 Marshal Drive Magnolia, TX 77354	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Charitable donation
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/22 Rpt: 27/48	2 FILER NAME Lambert, Standard D. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00080253
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4 Date 11/08/2023	5 Payee name Capitol Extension Gift Shop
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6 Amount (\$) \$282.50	7 Payee address; City; State; Zip Code 1400 Congress Avenue E1.006 Austin, TX 78701
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Constituent gifts
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/08/2023	Payee name Capitol Extension Gift Shop
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Amount (\$) \$800.00	Payee address; City; State; Zip Code 1400 Congress Avenue E1.006 Austin, TX 78701
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Constituent gifts
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/24/2023	Payee name Community Foundation of Abilene
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Amount (\$) \$500.00	Payee address; City; State; Zip Code 850 N 1st Street Ste. 1634 Abilene, TX 79601
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Charitable donation
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/22 Rpt: 28/48	2 FILER NAME Lambert, Standard D. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00080253
4 Date 08/28/2023	5 Payee name Doubletree - Abilene	
6 Amount (\$) \$139.28	7 Payee address; City; State; Zip Code 500 Cypress Street Abilene, TX 79601	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense OH lunch meeting
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/10/2023	Payee name Doubletree - Abilene	
Amount (\$) \$536.60	Payee address; City; State; Zip Code 500 Cypress Street Abilene, TX 79601	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lodging for Austin staff to attend legislative meetings in the district
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/29/2023	Payee name Doubletree - Abilene	
Amount (\$) \$54.39	Payee address; City; State; Zip Code 500 Cypress Street Abilene, TX 79601	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense OH lunch meeting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/22 Rpt: 29/48	2 FILER NAME Lambert, Standard D. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00080253
4 Date 07/14/2023	5 Payee name Google Fiber	
6 Amount (\$) \$70.00	7 Payee address; City; State; Zip Code 701 S Lamar Austin, TX 78704	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense WIFI and internet for political apartment maintained in Austin
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/11/2023	Payee name Google Fiber	
Amount (\$) \$70.00	Payee address; City; State; Zip Code 701 S Lamar Austin, TX 78704	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense WIFI and internet for political apartment maintained in Austin
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/14/2023	Payee name Google Fiber	
Amount (\$) \$70.00	Payee address; City; State; Zip Code 701 S Lamar Austin, TX 78704	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense WIFI and internet for political apartment maintained in Austin
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 6/22 Rpt: 30/48	2 FILER NAME Lambert, Standard D. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00080253
4 Date 10/16/2023	5 Payee name Google Fiber	
6 Amount (\$) \$70.00	7 Payee address; City; State; Zip Code 701 S Lamar Austin, TX 78704	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense WIFI and internet for political apartment maintained in Austin
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/14/2023	Payee name Google Fiber	
Amount (\$) \$70.00	Payee address; City; State; Zip Code 701 S Lamar Austin, TX 78704	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense WIFI and internet for political apartment maintained in Austin
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/14/2023	Payee name Google Fiber	
Amount (\$) \$72.10	Payee address; City; State; Zip Code 701 S Lamar Austin, TX 78704	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense WIFI and internet for political apartment maintained in Austin
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 7/22 Rpt: 31/48	2 FILER NAME Lambert, Standard D. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00080253
4 Date 07/01/2023	5 Payee name Hardaway, David	
6 Amount (\$) \$2,000.00	7 Payee address; City; State; Zip Code 1209 Hollis Abilene, TX 79605	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contract labor
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/01/2023	Payee name Hardaway, David	
Amount (\$) \$2,500.00	Payee address; City; State; Zip Code 1209 Hollis Abilene, TX 79605	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contract labor
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/01/2023	Payee name Hardaway, David	
Amount (\$) \$2,500.00	Payee address; City; State; Zip Code 1209 Hollis Abilene, TX 79605	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contract labor
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 8/22 Rpt: 32/48	2 FILER NAME Lambert, Standard D. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00080253
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4 Date 12/01/2023	5 Payee name Hardaway, David
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6 Amount (\$) \$2,500.00	7 Payee address; City; State; Zip Code 1209 Hollis Abilene, TX 79605
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contract labor
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/02/2023	Payee name Internet Domain Name Services
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Amount (\$) \$265.00	Payee address; City; State; Zip Code 924 Bergen Avenue Ste. 289 Jersey City, NJ 07306
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign website domain name renewal
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/01/2023	Payee name Jill Dutton Campaign
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Amount (\$) \$1,500.00	Payee address; City; State; Zip Code 411 VZCR 4503 Ben Wheeler, TX 75754
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political donation
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 9/22 Rpt: 33/48	2 FILER NAME Lambert, Standard D. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00080253
4 Date 07/22/2023	5 Payee name Lambert, Stan (Mr.)	
6 Amount (\$) \$510.90	7 Payee address; City; State; Zip Code P.O. Box 3752 Abilene, TX 79604	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political mileage. Log maintained in the campaign office (780m*.655).Not reimbursed by the state.
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/31/2023	Payee name Lambert, Stan (Mr.)	
Amount (\$) \$533.17	Payee address; City; State; Zip Code P.O. Box 3752 Abilene, TX 79604	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political mileage. Log maintained in the campaign office (814m*.655).Not reimbursed by the state.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/08/2023	Payee name Lambert, Stan (Mr.)	
Amount (\$) \$441.47	Payee address; City; State; Zip Code P.O. Box 3752 Abilene, TX 79604	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political mileage. Log maintained in the campaign office (674m*.655).Not reimbursed by the state.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 10/22 Rpt: 34/48	2 FILER NAME Lambert, Standard D. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00080253
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4 Date 10/05/2023	5 Payee name Lambert, Stan (Mr.)
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6 Amount (\$) \$575.09	7 Payee address; City; State; Zip Code P.O. Box 3752 Abilene, TX 79604
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political mileage. Log maintained in the campaign office (878m*.655).Not reimbursed by the state.
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/31/2023	Payee name Lambert, Stan (Mr.)
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Amount (\$) \$278.37	Payee address; City; State; Zip Code P.O. Box 3752 Abilene, TX 79604
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political mileage. Log maintained in the campaign office (425m*.655).Not reimbursed by the state.
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/06/2023	Payee name Lambert, Stan (Mr.)
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Amount (\$) \$644.20	Payee address; City; State; Zip Code P.O. Box 3752 Abilene, TX 79604
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political mileage. Log maintained in the campaign office (984m*.655).Not reimbursed by the state.
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 11/22 Rpt: 35/48	2 FILER NAME Lambert, Standard D. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00080253
4 Date 08/31/2023	5 Payee name Lambert, Stan (Mr.)	
6 Amount (\$) \$358.77	7 Payee address; City; State; Zip Code P.O. Box 3752 Abilene, TX 79604	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Reimbursement for items properly reported on Sch G of current report
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/08/2023	Payee name Lambert, Stan (Mr.)	
Amount (\$) \$18.00	Payee address; City; State; Zip Code P.O. Box 3752 Abilene, TX 79604	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Reimbursement for items properly reported on Sch G of current report
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/26/2023	Payee name Lambert, Stan (Mr.)	
Amount (\$) \$1,230.29	Payee address; City; State; Zip Code P.O. Box 3752 Abilene, TX 79604	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Reimbursement for items properly reported on Sch G of current report
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 12/22 Rpt: 36/48	2 FILER NAME Lambert, Standard D. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00080253
4 Date 12/26/2023	5 Payee name Lambert, Stan (Mr.)	
6 Amount (\$) \$4,333.35	7 Payee address; City; State; Zip Code P.O. Box 3752 Abilene, TX 79604	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Reimbursement for items properly reported on Sch G of current report
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/01/2023	Payee name McCall Property Management LLC	
Amount (\$) \$3,000.00	Payee address; City; State; Zip Code PO Box 633 Spicewood, TX 78669	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense Rent for political apartment maintained in Austin
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/01/2023	Payee name McCall Property Management LLC	
Amount (\$) \$3,000.00	Payee address; City; State; Zip Code PO Box 633 Spicewood, TX 78669	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense Rent for political apartment maintained in Austin
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 13/22 Rpt: 37/48	2 FILER NAME Lambert, Standard D. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00080253
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4 Date 09/01/2023	5 Payee name McCall Property Management LLC
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6 Amount (\$) \$3,050.00	7 Payee address; City; State; Zip Code PO Box 633 Spicewood, TX 78669
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense Rent for political apartment maintained in Austin
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/01/2023	Payee name McCall Property Management LLC
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Amount (\$) \$3,050.00	Payee address; City; State; Zip Code PO Box 633 Spicewood, TX 78669
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense Rent for political apartment maintained in Austin
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/01/2023	Payee name McCall Property Management LLC
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Amount (\$) \$3,050.00	Payee address; City; State; Zip Code PO Box 633 Spicewood, TX 78669
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense Rent for political apartment maintained in Austin
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 14/22 Rpt: 38/48	2 FILER NAME Lambert, Standard D. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00080253
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4 Date 12/01/2023	5 Payee name McCall Property Management LLC
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6 Amount (\$) \$3,050.00	7 Payee address; City; State; Zip Code PO Box 633 Spicewood, TX 78669
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense Rent for political apartment maintained in Austin
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/03/2023	Payee name Norfleet Strategies
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Amount (\$) \$2,000.00	Payee address; City; State; Zip Code 504 West 12th Street Austin, TX 78701
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political consulting - campaign services
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/01/2023	Payee name Norfleet Strategies
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Amount (\$) \$650.00	Payee address; City; State; Zip Code 504 West 12th Street Austin, TX 78701
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political consulting - campaign services
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 15/22 Rpt: 39/48	2 FILER NAME Lambert, Standard D. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00080253
4 Date 11/22/2023	5 Payee name Pregnancy Resources of Abilene	
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code 2110 N. Willis Street Abilene, TX 79603	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Charitable donation
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/03/2023	Payee name Quorum Report	
Amount (\$) \$360.00	Payee address; City; State; Zip Code 8407 S. 1st Street Austin, TX 78748	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Subscription for campaign office
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/19/2023	Payee name Republican Party of Texas	
Amount (\$) \$750.00	Payee address; City; State; Zip Code PO Box 2206 Austin, TX 78768	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Filing fee for 2024 election
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 16/22 Rpt: 40/48	2 FILER NAME Lambert, Standard D. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00080253
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4 Date 08/01/2023	5 Payee name San Angelo Chamber of Commerce
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6 Amount (\$) \$450.00	7 Payee address; City; State; Zip Code 418 W. Avenue B San Angelo, TX 76903
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Legislative conference registration fees
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 07/01/2023	Payee name Senior Nutrition Activities Program
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Amount (\$) \$250.00	Payee address; City; State; Zip Code 1701 Elm Sweetwater, TX 79556
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Charitable donation
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/11/2023	Payee name Sitzes Self Storage
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Amount (\$) \$670.00	Payee address; City; State; Zip Code 2593 N Danville Abilene, TX 79603
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Storage facility for campaign supplies and materials
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 17/22 Rpt: 41/48	2 FILER NAME Lambert, Standard D. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00080253
4 Date 07/11/2023	5 Payee name Sling TV	
6 Amount (\$) \$43.30	7 Payee address; City; State; Zip Code 9601 S Meridian Blvd Englewood, CO 80112	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense Television subscription for political apartment maintained in Austin
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/11/2023	Payee name Sling TV	
Amount (\$) \$43.30	Payee address; City; State; Zip Code 9601 S Meridian Blvd Englewood, CO 80112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense Television subscription for political apartment maintained in Austin
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/11/2023	Payee name Sling TV	
Amount (\$) \$43.30	Payee address; City; State; Zip Code 9601 S Meridian Blvd Englewood, CO 80112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense Television subscription for political apartment maintained in Austin
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 18/22 Rpt: 42/48	2 FILER NAME Lambert, Standard D. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00080253
4 Date 10/11/2023	5 Payee name Sling TV	
6 Amount (\$) \$43.30	7 Payee address; City; State; Zip Code 9601 S Meridian Blvd Englewood, CO 80112	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense Television subscription for political apartment maintained in Austin
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/13/2023	Payee name Sling TV	
Amount (\$) \$59.54	Payee address; City; State; Zip Code 9601 S Meridian Blvd Englewood, CO 80112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense Television subscription for political apartment maintained in Austin
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/11/2023	Payee name Sling TV	
Amount (\$) \$59.54	Payee address; City; State; Zip Code 9601 S Meridian Blvd Englewood, CO 80112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense Television subscription for political apartment maintained in Austin
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 19/22 Rpt: 43/48	2 FILER NAME Lambert, Standard D. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00080253
4 Date 10/13/2023	5 Payee name Sling TV	
6 Amount (\$) \$15.68	7 Payee address; City; State; Zip Code 9601 S Meridian Blvd Englewood, CO 80112	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense Television subscription for political apartment maintained in Austin
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 11/15/2023	Payee name Target	
Amount (\$) \$200.00	Payee address; City; State; Zip Code 3710 Ridgemont Drive Abilene, TX 79606	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff gift
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 11/30/2023	Payee name Targeted Creative Communications, Inc.	
Amount (\$) \$11,296.39	Payee address; City; State; Zip Code 106 South Columbus Street Alexandria, VA 22314	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political advertising - campaign Christmas cards
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 20/22 Rpt: 44/48	2 FILER NAME Lambert, Standard D. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00080253
4 Date 07/20/2023	5 Payee name Texas Correctional Industries	
6 Amount (\$) \$375.67	7 Payee address; City; State; Zip Code PO Box 4013 Huntsville, TX 77342	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Constituent gifts
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/16/2023	Payee name Texas Correctional Industries	
Amount (\$) \$889.82	Payee address; City; State; Zip Code PO Box 4013 Huntsville, TX 77342	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff gifts
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/31/2023	Payee name Texas Correctional Industries	
Amount (\$) \$1,943.33	Payee address; City; State; Zip Code PO Box 4013 Huntsville, TX 77342	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff gifts
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 21/22 Rpt: 45/48	2 FILER NAME Lambert, Standard D. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00080253
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4 Date 11/19/2023	5 Payee name Visa Cardmember Service
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6 Amount (\$) \$88.68	7 Payee address; City; State; Zip Code PO Box 6294 Carol Stream, IL 60197
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card payment for items properly reported on Sch F4 of current report
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 07/06/2023	Payee name Wealth Empowers the People Corp.
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Amount (\$) \$250.00	Payee address; City; State; Zip Code 1433 Graham Street Abilene, TX 79603
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Charitable donation
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 07/01/2023	Payee name Wertheim, Robyn (Mrs.)
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Amount (\$) \$500.00	Payee address; City; State; Zip Code 650 Cynthia Ct. Abilene, TX 79602
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contract labor
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 22/22 Rpt: 46/48	2 FILER NAME Lambert, Standard D. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00080253
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4 Date 12/01/2023	5 Payee name Wertheim, Robyn (Mrs.)
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6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code 650 Cynthia Ct. Abilene, TX 79602
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contract labor
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/19/2023	Payee name Wertheim, Robyn (Mrs.)
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Amount (\$) \$131.32	Payee address; City; State; Zip Code 650 Cynthia Ct. Abilene, TX 79602
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political mileage. Log maintained in the campaign office (200m*.655).Not reimbursed by the state.
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 1/1 Rpt: 47/48	2 FILER NAME Lambert, Standard D. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00080253
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 465.45
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5 Date 12/23/2023	6 Payee name Lamar Media
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7 Amount (\$) \$1,230.29	8 Payee address; City; State; Zip Code 5321 Corporate Blvd. Baton Rouge, LA 70808
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign advertising - billboards
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11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/23/2023	Payee name Lamar Media
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Amount (\$) \$4,333.35	Payee address; City; State; Zip Code 5321 Corporate Blvd. Baton Rouge, LA 70808
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign advertising - billboards
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 1/1 Rpt: 48/48	2 FILER NAME Lambert, Standard D. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00080253
4 Date 08/30/2023	5 Payee name Visa Cardmember Service	
6 Amount (\$) \$358.77 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code PO Box 6294 Carol Stream, IL 60197	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card payment for items properly reported on Sch F4 of current report
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name _____ Office sought _____ Office held _____	
Date 09/30/2023	Payee name Visa Cardmember Service	
Amount (\$) \$18.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code PO Box 6294 Carol Stream, IL 60197	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Credit Card Payment	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card payment for items properly reported on Sch F4 of current report
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name _____ Office sought _____ Office held _____	
Date 12/30/2023	Payee name Visa Cardmember Service	
Amount (\$) \$5,563.64 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code PO Box 6294 Carol Stream, IL 60197	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Credit Card Payment	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card payment for items properly reported on Sch F4 of current report
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name _____ Office sought _____ Office held _____	