## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction (	Guide explains how to complete		1 Filer ID (Ethics Commi 00080253		2 Total pages fil	ed: :3
3 CANDIDATE /	MS / MRS / MR	IRST		MI	OFFICE U	JSE ONLY
OFFICEHOLDER NAME	The Honorable S	Standard D.			Date Received	
					ELECTRONICA	ALLY FILED
	NICKNAME L	ACT		CUETIV	07/11/2025	
		.AST ₋ambert		SUFFIX	01/11/2023	
	Stati	ambert				
4 CANDIDATE /	ADDRESS / PO BOX; APT / S	SUITE #; CITY	Υ;	ZIP CODE	Date Hand-delivered o	r Date Postmarked
OFFICEHOLDER MAILING	P.O. Box 3752					
ADDRESS					Receipt #	Amount
Change of Address	Abilene, TX 79604				Date Processed	
"					Date Processed	
					Date Imaged	
					Date imaged	
5 CAMPAIGN	MS/MRS/MR F	IRST		MI		
TREASURER		ecky				
NAME		cory				
	NICKNAME	A.C.T		CUEFIX		
		AST Rentz		SUFFIX		
		teritz				
2 0445404	OTDEET 4 DDDEGG (NO DG D	O) / DI = 10=)		F / OLUTE # OLT)	, , , ,	75 75 0005
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PO BO	OX PLEASE);	AP	Γ / SUITE #; CITY	r; SIA	ATE; ZIP CODE
ADDRESS	18 Pinehurst					
(Residence or Business)						
	Abilene, TX 79606					
7 CAMPAIGN	AREA CODE PHONE	NUMBER E	XTENSION			
TREASURER		NOWIDER E	A I ENSION			
PHONE	(325) 280-6407					
8 REPORT						
TYPE	January 15	30th day before	election	Runoff	15th day after car	mpaign treasurer
				L	appointment (office	
	X July 15	8th day before e	lection	Exceeded modified reporting limit	Final Report (Atta	ach C/OH-FR)
				reporting innit		
9 PERIOD	Month Day Year			Month Day		
COVERED	01/01/2025	TH	ROUGH	06/30/20	25	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	X Pr	imary	Runoff	Other	
	03/03/2026	∏G∈	eneral	Special		
		-				
11 OFFICE	OFFICE HELD (if any)	l		12 OFFICE SOUGH	T (if known)	
	State Representative Distric	t 71			ntative District 71	
	'					
				<u> </u>		
		_				
		GO T	O PAGE 2			

## CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

2 of 33

13 C / OH NAME	Lambert, Standard D	Ethics Commission Filers)					
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	the candidate's or office	ommittees to support the holder's knowledge or tice of such expenditures.				
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME					
	GENERAL	GENERAL					
		COMMITTEE ADDRESS					
	SPECIFIC						
		COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TREASURER ADDRE	SS				
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00			
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	S)	<b>\$</b> 315.25			
EXPENDITURE TOTALS	3. TOTAL UNITEM		<b>\$</b> 4,104.82				
	4. TOTAL POLITIC	AL EXPENDITURES		<b>\$</b> 67,528.06			
CONTRIBUTION BALANCE	REPORTING PE			<b>\$</b> 96,317.27			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 0.00			
17 AFFIDAVIT							
		I swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code.					
		The Hanara	ble Ctenderd D. Lere	la out			
			ble Standard D. Lam				
		Signature	. Sandidate of Officerion				
AFFIX NO	TARY STAMP / SEAL ABO	DVE					
Sworn to and subso	cribed before me, by the s	aid	, this the	day			
of	, 20, to ce	ertify which, witness my hand and seal of office.					
Signature of office	cer administering	Printed name of officer administering	Title of officer	administering oath			

### **SUBTOTALS - C/OH**

## FORM C/OH COVER SHEET PG 3

				3 of 33					
18 FILER NAME 19 Filer ID (Ethics Commission Fi									
Lambert,									
20 SCHEDUL NAME OF		SUBTOTAL	. AMOUNT						
1.	1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS								
2. X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	315.25					
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$						
4.	SCHEDULE E: LOANS		\$						
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$	67,528.06					
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$						
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$						
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$						
9.	9. SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS \$								
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$						
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$						
12. X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	495.00					
			•						

### NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 4/33 FILER NAME 3 Filer ID (Ethics Commission Filers) Lambert, Standard D. (The Honorable) 00080253 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS **6** Full name of contributor 9 In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 06/23/2025 MoakCasey, LLC \$315.25 Food, Drinks and Venue 7 Contributor address; City; State; Zip Code for Campaign Fundraiser Austin, TX 78701 Check if travel outside of Texas. Complete Schedule T. (See instructions) 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) 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)

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 1/28 Rpt: 5/33	Lambert, Standard D. (The Honorable) 00080253
4	Date	5 Payee name
	05/01/2025	Abilene Back the Badge Foundation
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$250.00	PO Box 3553
		Abilene, TX 79604
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Candidate/Officeholder/Political Committee  Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee
		Chanasic donation
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	02/25/2025	Abilene Chamber of Commerce
	Amount (\$)	Payee address; City; State; Zip Code
	\$240.00	174 Cypress St., Ste. 200
		Abilene, TX 79601
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Annual campaign membership dues
		Aimai campaign membership dues
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	02/25/2025	Abilene Chamber of Commerce
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	174 Cypress St., Ste. 200
		Abilene, TX 79601
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Charitable donation
	Complete ONU V if allow	Condidate/Officeholder name
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 2/28 Rpt: 6/33	Lambert, Standard D. (The Honorable) 00080253
4	Date	5 Payee name
	02/18/2025	All Kinds Animal Initiative
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$309.00	925 South 25th Street
		Abilene, TX 79602
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Charitable donation
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	01/21/2025	Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$43.74	440 Terry Avenue N
		Seattle, WA 98109
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Supplies for capitol office
		34pp. 35 . 34pp. 3 . 3 . 34pp. 3 . 3 . 3 . 3 . 3 . 3 . 3 . 3 . 3 .
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	02/06/2025	Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$16.77	440 Terry Avenue N
		Seattle, WA 98109
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Supplies for capitol office
		Supplies for capitor office
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Event Expense Fees

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Gift/Awards/Memorials mittee Legal Services	Fees Office Overhead/Rental Expe Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense		Transportation E Travel in District Travel Out of Di	
_	Total marca Cabadula F1.			1	a Files ID	(Ethica Commission Filoro)
	Total pages Schedule F1: Sch: 3/28 Rpt: 7/33	Lambert, Standard D. (The	Honorable)		3 Filer ID 00080253	(Ethics Commission Filers)
4	Date	Payee name				
	04/04/2025	Amazon				
6	Amount (\$) \$162.36	Payee address; City; 440 Terry Avenue N Seattle, WA 98109	State; Zip Code			
8	PURPOSE OF EXPENDITURE	Category (See Categories listed at the Office Overhead/Rental Exp			outside of Texas. Com , TX, officeholder living capitol office	
9	Complete ONLY if direct expenditure to benefit C/O	andidate/Officeholder name	Office sought		Office h	eld
	Date	Payee name				
	06/20/2025	Baseball College World Ser	ies			
	Amount (\$)	Payee address; City;	State; Zip Code			
	\$335.45	308 N 13th Street				
		Omaha, NE 68102	Las			
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the Gift/Awards/Memorials Expo		<u> </u>	outside of Texas. Com , TX, officeholder livin , Stituent gifts	•
	Complete ONLY if direct expenditure to benefit C/OF	andidate/Officeholder name	Office sought		Office h	eld
	Date	Payee name				
	03/23/2025	Basketball Smiles				
	Amount (\$) \$250.00	Payee address; City; 4525 Seal Lane	State; Zip Code			
		Abilene, TX 79606				
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the Contributions/Donations Ma Candidate/Officeholder/Poli	ade By	ш	outside of Texas. Com , TX, officeholder living onation	
	Complete ONLY if direct expenditure to benefit C/O	andidate/Officeholder name	Office sought		Office h	eld

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(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)

l	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 4/28 Rpt: 8/33	Lambert, Standard D. (The Honorable) 00080253
4	Date	5 Payee name
	01/08/2025	Campaign Reporting Solutions, LLC
6	Amount (\$)	7 Payee address; City; State; Zip Code
l	\$595.50	110 Carriage Drive
		Lufkin, TX 75904
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Campaign bookkeeping services
Ļ	0 1 0 0 1 1 1 1	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
┡	·	
	Date	Payee name
	02/19/2025	Campaign Reporting Solutions, LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$180.00	110 Carriage Drive
L		Lufkin, TX 75904
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Preparation of 1099s for campaign contract laborers
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
F	Date	Payee name
	01/13/2025	Candies by Vleta
Н	Amount (\$)	Payee address; City; State; Zip Code
	\$35.18	1201 North First Street
l		
		Abilene, TX 79601
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Gift/Awards/Memorials Expense  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Constituent gift
L	0 1. 2	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
_		

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Lenal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 5/28 Rpt: 9/33	Lambert, Standard D. (The Honorable) 00080253
4	Date	5 Payee name
	04/21/2025	Candies by Vleta
6	Amount (\$) \$121.78	7 Payee address; City; State; Zip Code 1201 North First Street  Abilene, TX 79601
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Supplies for capitol office
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/23/2025	Candies by Vleta
	Amount (\$) \$87.68	Payee address; City; State; Zip Code  1201 North First Street  Abilene, TX 79601
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Supplies for capitol office
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 04/02/2025	Payee name Chick-Fil-A
	Amount (\$) \$198.30	Payee address; City; State; Zip Code 503 W Martin Luther King Jr. Blvd
		Austin, TX 78701
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  OH breakfast meeting
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 6/28 Rpt: 10/33	Lambert, Standard D. (The Honorable) 00080253
4	Date	5 Payee name
	01/24/2025	Chick-Fil-A
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$23.73	503 W Martin Luther King Jr. Blvd
		Austin, TX 78701
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		OH breakfast meeting
		Ciri Broadlact mostling
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
_	Date	Payee name
	02/24/2025	Chick-Fil-A
	Amount (\$)	Payee address; City; State; Zip Code
	\$47.46	503 W Martin Luther King Jr. Blvd
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  OH breakfast meeting
		On breaklast meeting
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	Davies same
	Date 03/07/2025	Payee name Chick-Fil-A
	Amount (\$)	Payee address; City; State; Zip Code
	\$47.46	503 W Martin Luther King Jr. Blvd
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  OH breakfast meeting
		On bleaklast fileeting
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee	Food/Beverage Expens Gift/Awards/Memorials Legal Services The Instruction Gu	Expense		xpens Vages	e /Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	strict category not listed above)
1	Total pages Schedule F1:	2							3	Filer ID	(Ethics Commission Filers)
L	Sch: 7/28 Rpt: 11/33	L	Lambert, St	andard D. (The I	Honorable)				L	00080253	
4	Date	5	Payee name								
L	03/13/2025		Chick-Fil-A								
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	ode				
	\$11.86		503 W Mart	in Luther King Jr	. Blvd						
			Austin, TX 7	78701							
8	PURPOSE	(a)	Category (Se	ee Categories listed at th	e top of this sche	edule)	(b)	Description			
	OF EXPENDITURE		Food/Bever	age Expense				<b>=</b>		de of Texas. Com	
								OH breakfast		officeholder living	expense
								Orr breakiast		curig	
9	Complete ONLY if direct	<u> </u>	Candidate/Offi	ceholder name		Office sou	laht Iaht			Office he	eld
_	expenditure to benefit C/OI		zanaldate/OIII	ceriolaer riame			agrit.			Office fic	STO.
	Date		Payee name								
	03/28/2025		Chick-Fil-A								
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	ode				
	\$47.46		503 W Mart	in Luther King Jr	. Blvd						
			Austin, TX 7	78701							
	PURPOSE	(a)	Category (Se	ee Categories listed at th	e top of this sch	edule)	(b)	Description			
	OF EXPENDITURE			age Expense				<b>□</b>		de of Texas. Com	
								OH breakfast		officeholder living	expense
								Offbleakiasi	. 1110	eurig	
$\vdash$	Complete ONLY if direct	<u> </u>	Candidate/Offi	ceholder name		Office sou	laht Iaht			Office he	eld
	expenditure to benefit C/O		Janaidato/OIII	continue name		300	~911L			Omice ne	
$\vdash$	Date		Dayoo nama								
	04/11/2025		Payee name Clayton Spa	angler Photograp	nhic Design						
_		$\vdash$	Payee addres			Zip Co	nde.				
	Amount (\$) \$549.00		235 Point Li	•	ડાંતાર,	∠ıp C(	Jue				
	Ф049.00		200 FUIII L	ION DIIVE							
			Charleston,	WV 25306							
	PURPOSE	(a)	Category (Se	ee Categories listed at th	e top of this sch	edule)	(b)	Description			
	OF EXPENDITURE		Office Over	head/Rental Exp	ense			_		de of Texas. Com	
								_		officeholder living	e for capitol office decor
								i noto or tile (	JJU	i Logisialuit	o for empirer entire decer
	Complete ONLY if direct	L	Candidate/Offi	ceholder name		Office sou	laht Iaht			Office he	eld
	expenditure to benefit C/O		Janaidato/OIII	contract numb		300	~911L			Omice ne	

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment		mmittee Legal Services Salaries/Wa		Contract Labor		OTHER (enter a	category not listed above)	
	orean oura rayment		The Instruction Guide explains how to com	nple	te this form.				
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID	(Ethics Commission File	ers)
	Sch: 8/28 Rpt: 12/33		Lambert, Standard D. (The Honorable)				00080253		
4	Date	5	Payee name		•				
	01/21/2025		Condolences.com						
6	Amount (\$)	7	Payee address; City; State; Zip Cod	le.					
	\$139.08		1501 venera Avenue						
			Ste. 212						
			Coral Gables, FL 33146						
_		ļ.,							
8	PURPOSE OF	(a)	6 ) (g	(b)	Description		do of Toyon Com	oloto Cobodulo T	
	EXPENDITURE		Gift/Awards/Memorials Expense		<b>=</b>		de of Texas. Com officeholder living		
					<b>—</b>			of constituent	
							•		
9	Complete ONLY if direct		Candidate/Officeholder name Office sough	ht			Office he	eld	
	expenditure to benefit C/O	Н							
	Date		Payee name						
	02/06/2025		Condolences.com						
	Amount (\$)	$\vdash$	Payee address; City; State; Zip Cod	le					
	\$227.30		1501 Venera Avenue						
			Ste. 212						
			Coral Gables, FL 33146						
	DUDDOOF	(-)		/I- \					
	PURPOSE OF	(a) 	6 ) (g	(a)	Description  Check if travel of	nutei	de of Texas. Com	nlata Schadula T	
	EXPENDITURE		Gift/Awards/Memorials Expense		<b></b>		officeholder living		
					Flowers dona	tec	l in memory	of constituent	
	Complete ONLY if direct		Candidate/Officeholder name Office sough	ht			Office he	eld	
	expenditure to benefit C/O	Н							
	Date		Payee name						
	05/22/2025		Cooper, Madison						
	Amount (\$)		Payee address; City; State; Zip Cod	le					
	\$100.00		3709 Garden Villa Lane						
			#B						
			Austin, TX 78704						
	PURPOSE	(2)		(h)	Description				
	OF	(۵)	Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(D)	Description  Check if travel of	outsi	de of Texas. Com	olete Schedule T.	
	EXPENDITURE		Ont/Awards/Memorials Expense		<u> </u>		officeholder living		
					Staff gift				
	Complete ONLY if direct		Candidate/Officeholder name Office sough	ht			Office he	eld	
	expenditure to benefit C/O	H							

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 9/28 Rpt: 13/33	Lambert, Standard D. (The Honorable) 00080253
4	Date	5 Payee name
	06/02/2025	Cooper, Madison
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$3,500.00	3709 Garden Villa Lane
		#B
		Austin, TX 78704
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Campaign contract labor
		Campaigh contract labor
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1 °
	Date	Payee name
	06/01/2025	Domain Networks
	Amount (\$)	Payee address; City; State; Zip Code
	\$289.00	PO Box 1280
		Hendersonville, NC 28793
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Annual campaign website domain name renewal
		, unda sampaign vissons domain name reneval
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	06/01/2025	Elm Creek Citizens Assn VFD
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	6870 FM 89
		Tuscola, TX 79562
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Charitable donation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
	Sch: 10/28 Rpt: 14/33	Lambert, Standard D. (The Honorable) 00080253
4	Date	5 Payee name
	01/14/2025	Google Fiber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$72.16	701 S Lamar
		Austin, TX 78704
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  X Check if Austin, TX, officeholder living expense
		WIFI and internet for political apartment maintained
		in Austin
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	02/14/2025	Google Fiber
	Amount (\$)	Payee address; City; State; Zip Code
	\$72.16	701 S Lamar
		Austin, TX 78704
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  X Check if Austin, TX, officeholder living expense
		WIFI and internet for political apartment maintained
		in Austin
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	03/14/2025	Google Fiber
	Amount (\$)	Payee address; City; State; Zip Code
	\$72.16	701 S Lamar
		Austin, TX 78704
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel queside of Taylor Camplete Schedule T
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  X Check if Austin, TX, officeholder living expense
		WIFI and internet for political apartment maintained
		in Austin
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
_		

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica		Travel Out of District OTHER (enter a category not listed above)
	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 11/28 Rpt: 15/33	Lambert, Standard D. (The Honorable)	00080253
4	Date	5 Payee name	
	04/14/2025	Google Fiber	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
-	\$72.16	701 S Lamar	
	Ţ. <u></u>		
		Austin, TX 78704	
_			
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	utrida of Taura Campilata Cabadula T
	EXPENDITURE	1 663	utside of Texas. Complete Schedule T. TX, officeholder living expense
			rnet for political apartment maintained
		in Austin	·
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
	Date	Davisa nama	
	05/14/2025	Payee name	
		Google Fiber	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$72.16	701 S Lamar	
		Austin, TX 78704	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	1 663	utside of Texas. Complete Schedule T.
			TX, officeholder living expense
		in Austin	rnet for political apartment maintained
	Complete ONLY if direct	Condidate/Officeholder name Office equality	Office hold
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	06/16/2025	Google Fiber	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$72.16	701 S Lamar	
		Austin, TX 78704	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Fees Check if travel or	utside of Texas. Complete Schedule T.
			TX, officeholder living expense
		in Austin	rnet for political apartment maintained
	Commission ONU V If allows		Office hold
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
_			

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 12/28 Rpt: 16/33	Lambert, Standard D. (The Honorable) 00080253
4	Date	5 Payee name
	01/08/2025	Lambert, Stan (Mr.)
6	` ,	7 Payee address; City; State; Zip Code
	\$676.20	P.O. Box 3752
		Abilene, TX 79604
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Political mileage. Log maintained in the campaign
		office (966*.7). Not reimbursed by the state.
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
_	Date	Payee name
	01/17/2025	Lambert, Stan (Mr.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$308.00	P.O. Box 3752
	φ306.00	F.O. BOX 3732
		Abilana TV 70004
		Abilene, TX 79604
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Taylor Categories.
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Political mileage. Log maintained in the campaign
		office (440*.7). Not reimbursed by the state.
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	1
	Date	Payee name
	01/30/2025	Lambert, Stan (Mr.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$924.00	P.O. Box 3752
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		Abilene, TX 79604
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Political mileage. Log maintained in the campaign office (1320*.7). Not reimbursed by the state.
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
se Event Expense Loan Repayment/Reimbu

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
-	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
1	Sch: 13/28 Rpt: 17/33	2 FILER NAME Lambert, Standard D. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00080253
4	Date	5 Payee name
	02/15/2025	Lambert, Stan (Mr.)
6	Amount (\$) \$308.00	7 Payee address; City; State; Zip Code P.O. Box 3752  Abilene, TX 79604
8	PURPOSE	(a) Cotomore. (b) Decorlation
°	OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Political mileage. Log maintained in the campaign office (440*.7). Not reimbursed by the state.
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
H	Date	Payee name
	02/28/2025	Lambert, Stan (Mr.)
_	Amount (\$)	Payee address; City; State; Zip Code
	` ,	
	\$960.40	P.O. Box 3752
		Abilene, TX 79604
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Political mileage. Log maintained in the campaign
		office (1372*.7). Not reimbursed by the state.
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/14/2025	Lambert, Stan (Mr.)
<u> </u>	Amount (\$)	Payee address; City; State; Zip Code
	\$616.00	P.O. Box 3752
	Φ010.00	F.O. BOX 3732
		Abilene, TX 79604
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Travel In District Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Political mileage. Log maintained in the campaign
		office (880*.7). Not reimbursed by the state.
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By-Candidate/Officeholder/Political Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	Committee	Legal Services			se s/Contract Labor		OTHER (enter a	category not listed above	)
	Credit Card Fayment		The Instruction G	Guide explains how to c	ompl	ete this form.				
1	Total pages Schedule F1:	FILER NA	AME				3	Filer ID	(Ethics Commission	Filers)
	Sch: 14/28 Rpt: 18/33	Lambert	, Standard D. (The	e Honorable)				00080253		
4	Date	Payee na	ıme							
	06/03/2025		, Stan (Mr.)							
6	Amount (\$)	Payee ad	ldress; City;	State; Zip C	ode					
_	\$469.00	P.O. Box		эшэ,р						
	¥ 100.00									
		Abilono	TV 70604							
			TX 79604		1					
8	PURPOSE OF		(See Categories listed at	the top of this schedule)	(b)	Description				
	EXPENDITURE	Travel Ir	n District					de of Texas. Com officeholder living	plete Schedule T.	
						<b>—</b>			ained in the camp	aign
							_	-	sed by the state.	9
9	Complete ONLY if direct	Candidate	Officeholder name	Office so	Liaht			Office he	əld	
•	expenditure to benefit C/OI	Cararaato	emocricider name	011100 00	agiit			Omoo m	314	
_	Data									
	Date	Payee na								
	06/16/2025		, Stan (Mr.)							
	Amount (\$)	Payee ad		State; Zip C	ode					
	\$609.00	P.O. Box	x 3752							
		Abilene,	TX 79604							
	PURPOSE	<b>a)</b> Category	(See Categories listed at	the top of this schedule)	(b)	Description				
	OF EXPENDITURE	Travel Ir	District			<b>=</b>			plete Schedule T.	
						<b>—</b>		officeholder living		oian
									ained in the camp sed by the state.	aiyii
	Complete ONLY if direct	Candidato	Officeholder name	Office so	ught			Office he	ald	
	expenditure to benefit C/OI	Carididate	Officeriolider flame	Office So	ugni			Office fit	siu	
	Date	Payee na								
	03/28/2025	Lambert	, Stan (Mr.)							
	Amount (\$)	Payee ac	ldress; City;	State; Zip C	ode					
	\$616.00	P.O. Box	x 3752							
		Abilene,	TX 79604							
	PURPOSE	<b>a)</b> Category	(See Categories listed at	the top of this schedule)	(b)	Description				
	OF EXPENDITURE	Travel Ir				ш			plete Schedule T.	
	EXI ENDITORE					_		officeholder living		_:
									ained in the camp sed by the state.	aign
	Complete ONU V # stills	Condition	Office health	Off: -						
	Complete ONLY if direct expenditure to benefit C/OI	Candidate	Officeholder name	Office so	ught			Office he	eia	

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 15/28 Rpt: 19/33	Lambert, Standard D. (The Honorable) 00080253
4	Date	5 Payee name
	04/11/2025	Lambert, Stan (Mr.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$616.00	P.O. Box 3752
		Abilene, TX 79604
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Political mileage. Log maintained in the campaign
		office (880*.7). Not reimbursed by the state.
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	04/25/2025	Lambert, Stan (Mr.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$616.00	P.O. Box 3752
		Abilene, TX 79604
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Political mileage. Log maintained in the campaign
		office (880*.7). Not reimbursed by the state.
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	05/08/2025	Lambert, Stan (Mr.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$616.00	P.O. Box 3752
		Abilene, TX 79604
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Political mileage. Log maintained in the campaign
		office (880*.7). Not reimbursed by the state.
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services	Salaries/\	Wages	s/Contract Labor		OTHER (enter a	category not listed above)
	·			ide explains how to co	omple	ete this form.			
1	Total pages Schedule F1:	2 FILER NA	ME				3	Filer ID	(Ethics Commission Filers)
	Sch: 16/28 Rpt: 20/33	Lambert,	Standard D. (The	Honorable)				00080253	
4	Date	5 Payee nar	ne						
	05/17/2025		Stan (Mr.)						
6	Amount (\$)	<b>7</b> Payee add	dress; City;	State; Zip Co	ode				
	\$555.80	P.O. Box	3752						
		Ahilana '	TX 79604						
8	PURPOSE				(h)	Description			
ľ	OF		(See Categories listed at the	e top of this schedule)	(0)	Description	outci	do of Toyas Com	plete Schedule T.
	EXPENDITURE	Travel In	DISTRICT			<b>=</b>		officeholder living	
						<b>—</b>			ained in the campaign
									ed by the state.
_	Complete ONLY if direct	Candidata/	Officeholder name	Office cou	ıaht			Office he	
9	Complete ONLY if direct expenditure to benefit C/OI		Officeholder name	Office sou	agrit			Office ne	tiu
	Date	Payee nar	ne						
	06/27/2025	Lambert,	Stan (Mr.)						
	Amount (\$)	Payee add	dress; City;	State; Zip Co	ode				
	\$686.00	P.O. Box	3752						
		Ahilana '	TX 79604						
	DUDDOOF				14.5				
	PURPOSE OF		(See Categories listed at th	e top of this schedule)	(a)	Description		df.T O	whate Calcadida T
	EXPENDITURE	Travel In	District					officeholder living	plete Schedule T.
						ш			ained in the campaign
									sed by the state.
_	Complete ONLY if direct	Candidate/0	Officeholder name	Office sou	ıaht			Office he	-jų
	expenditure to benefit C/OI		Smoonolaer name	O00 000	ag. it			O III OO TI	ord .
_									
	Date	Payee nar							
	05/31/2025	Let Us Br	reathe - Abilene						
	Amount (\$)	Payee add	dress; City;	State; Zip Co	ode				
	\$250.00	2802 N 1	8th Street						
		Abilene,	TX 79603						
	PURPOSE	(a) Category	(See Categories listed at th	ue ton of this schedule)	(b)	Description			
	OF		ions/Donations Ma		` `		outsi	de of Texas. Com	plete Schedule T.
	EXPENDITURE		e/Officeholder/Poli			Check if Austin,	, TX,	officeholder living	j expense
						Charitable do	na	tion	
	Complete ONLY if direct	Candidate/0	Officeholder name	Office sou	ıght			Office he	eld
	expenditure to benefit C/OI				-				
H									

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

sement Solicitation/Fundraising Expense

(pense Transportation Equipment & Related Expense
Travel in District
Travel Out of District

OTHER (enter a category not listed above)

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment				ages/Contract Labor		Travel Out of Dis OTHER (enter a	trict category not listed above)
1	Total pages Schedule F1: Sch: 17/28 Rpt: 21/33	2	FILER NAME Lambert, Standard D. (The Honorable)			3	Filer ID 00080253	(Ethics Commission Filers)
4	Date 01/01/2025	5	Payee name McCall Property Management LLC					
6	Amount (\$) \$3,250.00	7	Payee address; City; State; Zip PO Box 633  Spicewood, TX 78669	Cod	de			
8	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedule) Fees		X Check if Austin,	, TX	ide of Texas. Comp , officeholder living I apartment r	
9	Complete ONLY if direct expenditure to benefit C/Ol		Candidate/Officeholder name Office	soug	yht		Office he	eld
	Date 02/01/2025		Payee name McCall Property Management LLC					
	Amount (\$) \$3,250.00		Payee address; City; State; Zip PO Box 633  Spicewood, TX 78669	Cod	de			
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedule) Fees		X Check if Austin,	, TX	ide of Texas. Comp , officeholder living I apartment r	
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Officeholder name Office	soug	yht		Office he	eld
	Date 03/01/2025		Payee name McCall Property Management LLC					
	Amount (\$) \$3,250.00		Payee address; City; State; Zip PO Box 633  Spicewood, TX 78669	Cod	de			
	DUDDOCE	(-)	·	- 1.	(h) p			
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedule) Fees		X Check if Austin,	, TX		
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Officeholder name Office	soug	yht		Office he	eld

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·	-
_	Sch: 18/28 Rpt: 22/33	Lambert, Standard D. (The Honorable)	
4	Date	5 Payee name	$\neg$
	04/01/2025	McCall Property Management LLC	
6	Amount (\$) \$3,250.00	7 Payee address; City; State; Zip Code PO Box 633 Spicewood, TX 78669	
_	DUDDOCE		_
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.    X   Check if Austin, TX, officeholder living expense	
		Rent for political apartment maintained in Austin	
		Total of political apartition maintenance in vitagini	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
	Date	Payee name	
	05/01/2025	McCall Property Management LLC	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$3,250.00	PO Box 633	
		Spicewood, TX 78669	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
		X Check if Austin, TX, officeholder living expense	
		Rent for political apartment maintained in Austin	
			_
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
	Date	Payee name	
L	06/01/2025	McCall Property Management LLC	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$3,250.00	PO Box 633	
		Spicewood, TX 78669	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description	
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
		<ul> <li>X Check if Austin, TX, officeholder living expense</li> <li>Rent for political apartment maintained in Austin</li> </ul>	
		Rent for political apartinent maintained in Austin	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		ſ
			_

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	cal Committee Legal Services Salaries/Wages/Contract Labor O	avel Out of District THER (enter a category not listed above)
		The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1: Sch: 19/28 Rpt: 23/33		ler ID (Ethics Commission Filers) 0080253
	•	, ,	
4	Date	5 Payee name	
	02/01/2025	McCall Property Management LLC	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$52.50	PO Box 633	
		Spicewood, TX 78669	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF		of Texas. Complete Schedule T.
	EXPENDITURE		ceholder living expense
		I	olitical apartment maintained in
		Austin	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	DH	
	Date	Payee name	
	06/09/2025	National Center for Children's Illustrated Literature	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$250.00	102 Cedar Street	
		Abilene, TX 79601	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Continuations/Bonditions wade by	of Texas. Complete Schedule T.
		Carranace, Cinecinediti, Cineca, Committee	iceholder living expense
		Charitable donatio	n
	Complete ONLY if direct	Condidate/Officeholder name	Office hold
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought OH	Office held
	Date	Payee name	
	02/01/2025	Oliver, Will (Mr.)	
		· · ·	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$2,000.00	11608 January Drive	
		Austin, TX 78753	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Jaianes/Wages/Contract Eabor	of Texas. Complete Schedule T.
		1 —	ceholder living expense
		Campaign contrac	liador
	Complete ONLY if direct	Condidate/Officeholder name	Office held
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought OH	Onice neiu
		- · · · - · · · · · · · · · · · · · · ·	

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services  The Instruction Guide e	Salaries/	Wages	s/Contract Labor		OTHER (enter a	category not listed abo	ove)
1	Total pages Schedule F1:	2 FILER NAM	ΛE				3	Filer ID	(Ethics Commissi	on Filers)
	Sch: 20/28 Rpt: 24/33	Lambert,	Standard D. (The Hon	orable)				00080253		
4	Date	<b>5</b> Payee nam	е							
	06/02/2025	Oliver, Wi	ll (Mr.)							
6	Amount (\$)	7 Payee add	ress; City;	State; Zip Co	ode					
	\$2,500.00	11608 Jar	nuary Drive							
		Austin, TX	78753							
8	PURPOSE OF		(See Categories listed at the top	of this schedule)	(b)	Description				
	EXPENDITURE	Salaries/V	Vages/Contract Labor			_		, officeholder living	iplete Schedule T. a expense	
						Campaign co			, , , , , , ,	
9	Complete ONLY if direct expenditure to benefit C/O		fficeholder name	Office sou	ught			Office he	eld	
F	Date	Payee nam	e							
	03/23/2025	Paramour								
H	Amount (\$)	Payee add	ress; City;	State; Zip Co	ode					
	\$250.00	352 Cypre		•						
		[								
		Abilene, T	X 79601							
	PURPOSE OF		(See Categories listed at the top		(b)	Description				
	EXPENDITURE		ons/Donations Made E e/Officeholder/Political					ide of Texas. Com , officeholder living	plete Schedule T. n expense	
		Carididate	/Onicendide//Fonical	Committee		Charitable do			,p	
Г	Complete ONLY if direct expenditure to benefit C/Ol		fficeholder name	Office sou	ught			Office h	eld	
	experialiture to beriefit C/O	П								
	Date	Payee nam	e							
	01/01/2025	Rider, Wil	liam (Mr.)							
	Amount (\$)	Payee add	ress; City;	State; Zip Co	ode					
	\$2,000.00	3816 Sou	th Lamar Blvd							
		#1010								
		Austin, TX	C 78704							
H	PURPOSE	(a) Category	(See Categories listed at the top	of this schedule)	(b)	Description				
	OF		Vages/Contract Labor	or this seriedale)	`´		outs	ide of Texas. Com	plete Schedule T.	
	EXPENDITURE		3					, officeholder living	g expense	
						Campaign co	ntr	act labor		
L					<u> </u>					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		fficeholder name	Office sou	ught			Office h	eld	
L		-								
1										
_			,							

#### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total nagge Schodule F1:	
Ĺ	Total pages Schedule F1: Sch: 21/28 Rpt: 25/33	Lambert, Standard D. (The Honorable)  Certifics Commission Files)  00080253
4	Date	5 Payee name
	01/01/2025	Rider, William (Mr.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,500.00	3816 South Lamar Blvd
		#1010
		Austin, TX 78704
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
ľ	OF	Salaries/Wages/Contract Labor    Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Campaign contract labor
L		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
	06/02/2025	Rider, William (Mr.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$5,000.00	3816 South Lamar Blvd
		#1010
		Austin, TX 78704
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense
		Campaign contract labor
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
	Date	Payee name
L	01/29/2025	Ruggable
	Amount (\$)	Payee address; City; State; Zip Code
	\$366.12	17809 S Broadway
L		Gardena, CA 90248
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Rug for capitol office
		Trug for expitor office
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<b>y</b>

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made I Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment											
_		,										
1	Total pages Schedule F1:											
	Sch: 22/28 Rpt: 26/33	Lambert, Standard D. (The Honorable) 00080253										
4	Date	5 Payee name										
	04/10/2025	Sitzes Self Storage										
6	Amount (\$)	7 Payee address; City; State; Zip Code										
	\$485.00	2593 N Danville										
		Abilene, TX 79603										
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description										
	OF EXPENDITURE	Office Overhead/Rental Expense										
	EXPENDITURE	Check if Austin, TX, officeholder living expense										
		Rental of campaign storage unit										
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held										
	expenditure to benefit C/OF	7										
	Date	Payee name										
L	05/01/2025	Stamford Art Foundation										
	Amount (\$)	Payee address; City; State; Zip Code										
	\$250.00	PO Box 609										
		Stamford, TX 79553										
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description										
	OF EXPENDITURE	Contributions/Donations Made By										
Candidate/Officeholder/Political Committee Central Check if Austin, TX, officeholder living expense												
	Charitable donation											
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held										
	expenditure to benefit C/Ol	<b>y</b>										
H	Date	Power name										
	Date 04/28/2025	Payee name Sur La Table										
	Amount (\$)	Payee address; City; State; Zip Code										
	\$876.35	11800 Domain Blvd										
		Ste. 130										
		Austin, TX 78758										
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description										
	OF EXPENDITURE	Gift/Awards/Memorials Expense										
		Check if Austin, TX, officeholder living expense										
		Committee gifts for members of the Pensions, Investments and Financial Services Committee										
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held										
	expenditure to benefit C/O											

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.							
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)							
	Sch: 23/28 Rpt: 27/33	Lambert, Standard D. (The Honorable) 00080253							
4	Date	5 Payee name							
	01/10/2025	T-Mobile							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
	\$55.50	2910 N 1st Street							
		Abilene, TX 79603							
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.							
		Check if Austin, TX, officeholder living expense Payment of campaign telephone							
		ayment of campaign telephone							
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/O								
$\vdash$	Date	David and the second se							
		Payee name							
	02/10/2025	T-Mobile							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$59.29	2910 N 1st Street							
		Abilene, TX 79603							
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.							
		Check if Austin, TX, officeholder living expense  Payment of campaign telephone							
		Fayment of campaign telephone							
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/O								
	Data								
	Date	Payee name T Mobile							
	03/10/2025	T-Mobile T-Mobile							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$55.50	2910 N 1st Street							
Abilene, TX 79603									
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.							
Check if Austin, TX, officeholder living expense Payment of campaign telephone									
		a dyment of campaign telephone							
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/O								
_									

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.									
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)									
	Sch: 24/28 Rpt: 28/33	Lambert, Standard D. (The Honorable) 00080253									
4	Date	5 Payee name									
	04/09/2025	T-Mobile									
6	Amount (\$)	7 Payee address; City; State; Zip Code									
	\$55.50	2910 N 1st Street									
		Abilene, TX 79603									
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description									
	OF EXPENDITURE	Office Overhead/Rental Expense									
		Check if Austin, TX, officeholder living expense  Payment of campaign telephone									
		r ayment of campaigh telephone									
<u>_</u>	Complete ONU V if alice	Condidate/Officeholder name									
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held									
	Date	Payee name									
	05/09/2025	T-Mobile									
	Amount (\$)	Payee address; City; State; Zip Code									
	\$55.50	2910 N 1st Street									
		Abilene, TX 79603									
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description									
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.									
		Check if Austin, TX, officeholder living expense Payment of campaign telephone									
		ayment of campaight telephone									
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held									
	Complete ONLY if direct expenditure to benefit C/OH										
L											
	Date	Payee name									
	06/09/2025	T-Mobile									
	Amount (\$)	Payee address; City; State; Zip Code									
	\$56.11	2910 N 1st Street									
		Abilene, TX 79603									
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description									
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.									
		Check if Austin, TX, officeholder living expense									
		Payment of campaign telephone									
	0 1. 0										
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held									
	onponditure to beliefit 6/01	•									

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ising Expense Event Expense Loan Repayment/Reimbu

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	d Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.					
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)					
	Sch: 25/28 Rpt: 29/33	Lambert, Standard D. (The Honorable) 00080253					
4	Date	5 Payee name					
	02/12/2025	Texas House Republican Caucus					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$1,000.00	P.O. Box 13305					
		Austin, TX 78711					
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense					
		Annual membership dues					
		7 unida memberanp ddes					
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OI						
	Date	Payee name					
	01/02/2025	Texas Star Trading Company					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$129.00	174 Cypress St.					
		Abilene, TX 79601					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.					
Check if Austin, TX, officeholder living expense  Gifts for fellow Legislators							
		Onto for fellow Legislators					
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OI						
	Date	Payee name					
	02/03/2025	Texas Star Trading Company					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$514.40	174 Cypress St.					
		Abilene, TX 79601					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.					
		Candidate/Officeholder/Political Committee					
		Items donated to local non-profits' fundraisers					
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OI	<b>y</b>					

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(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)

	Credit Card Payment  The Instruction Guide explains how to complete this form.									
1	Total pages Schedule F1:									
_	Sch: 26/28 Rpt: 30/33	Lambert, Standard D. (The Honorable) 00080253								
4	Date 04/07/2025	5 Payee name The Energy Council								
	\$495.00	7 Payee address; City; State; Zip Code 5400 Lyndon B Johnson Fwy Ste. 985 Dallas, TX 75240								
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  The Energy Council Conference registration fees								
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held								
	Date 01/01/2025	Payee name Wertheim, Robyn (Mrs.)								
	Amount (\$) \$500.00	Payee address; City; State; Zip Code 650 Cynthia Ct. Abilene, TX 79602								
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor  (b) Description  Check if travel outside of Texas. Complete Schedule T.  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 02/01/2025	Payee name Wertheim, Robyn (Mrs.)								
	Amount (\$) \$750.00	Payee address; City; State; Zip Code 650 Cynthia Ct.								
		Abilene, TX 79602								
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Campaign contract labor								
	Complete ONLY if direct expenditure to benefit C/ON	Candidate/Officeholder name Office sought Office held								

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 27/28 Rpt: 31/33	Lambert, Standard D. (The Honorable) 00080253
4	Date	5 Payee name
	03/01/2025	Wertheim, Robyn (Mrs.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$750.00	650 Cynthia Ct.
		Abilene, TX 79602
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Campaign contract labor
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	04/01/2025	Wertheim, Robyn (Mrs.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$750.00	650 Cynthia Ct.
		Abilene, TX 79602
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Campaign contract labor
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	04/30/2025	Wertheim, Robyn (Mrs.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$750.00	650 Cynthia Ct.
		Abilene, TX 79602
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Campaign contract labor
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experientale to beliefft C/OI	,

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

Contributions/ Donations Made By - Candidate/Officeholder/Political Comn Credit Card Payment									s/Contract Labor	Travel Out of District OTHER (enter a category not listed above)				
	·			struction G	uide explain	s how to co	omple	ete this form.	_					
1	Total pages Schedule F1:	2	FILER NAME	Ξ						3	Filer ID	(Ethics Con	mission Filers)	
	Sch: 28/28 Rpt: 32/33		Lambert, S	tandar	rd D. (The	Honorable	e)				00080253			
4	Date	5	Payee name											
	06/02/2025		Wertheim,	Robyn	ı (Mrs.)									
6	Amount (\$)	7	Payee addre	ss;	City;	Stat	te; Zip Co	ode						
	\$2,500.00		650 Cynthia	a Ct.										
	, ,		, ,											
			Abilene, TX	7960	12									
8	PURPOSE	⊢	Category (S			he ton of this s	chedule)	(b)	Description					
	OF		Salaries/Wa						<b>—</b> ·	outs	ide of Texas. Con	nplete Schedule	т.	
	EXPENDITURE			3					Check if Austin	n, TX	, officeholder livin	g expense		
									Campaign co	ontr	act labor			
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Off	icehold	ler name		Office sou	ught			Office h	eld		
	Date		Payee name											
	06/01/2025		Wertheim,	Robyn	ı (Mrs.)									
	Amount (\$)		Payee addre	SS;	City;	Stat	te; Zip C	ode						
	\$750.00		650 Cynthia		•									
	*******													
			Abilene, TX	7960	12									
	PURPOSE	(a)	Category (S	ee Cateo	ories listed at t	he top of this s	chedule)	(b)	Description					
OF EXPENDITURE			(a) Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor						Check if travel		ide of Texas. Con		т.	
									Check if Austin, TX, officeholder living expense					
			Campa							aign contract labor				
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Off	icehold	ler name		Office sou	ught			Office h	eld		
		_												
	Date		Payee name											
	01/01/2025		Wertheim,	Robyn	i (Mrs.)									
	Amount (\$)		Payee addre	ss;	City;	Stat	te; Zip C	ode						
	\$1,500.00		650 Cynthia	a Ct.										
Abilene, TX 79602														
	PURPOSE	(a)	Category (S	ee Caten	nories listed at t	he top of this s	chedule)	(b)	Description					
	OF		Salaries/Wa				,			outs	ide of Texas. Con	nplete Schedule	Τ.	
EXPENDITURE Salaries Wages Software Labor Check if Austin, TX, officeholder								, officeholder livin	g expense					
			——————————————————————————————————————						Campaign co	ontr	act labor			
	Complete ONLY if direct		Candidate/Off	icehold	der name		Office sou	ught			Office h	eld		
	expenditure to benefit C/OI	Н						-						

# INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 33/33 2 FILER NAME Filer ID (Ethics Commission Filers) Lambert, Standard D. (The Honorable) 00080253 5 Name of person from whom amount is received 8 Amount (\$) 05/05/2025 \$495.00 The Energy Council 6 Address of person from whom amount is received; City; State; Zip Code Dallas, TX 75240 Purpose for which amount is received Check if political contribution returned to filer Refund on conference registration fees