

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

13 C/OH NAME Lambright, Jerry (Mr.)

14 ACCOUNT # (Ethics Commission filers)
00062797

15 NOTICE FROM POLITICAL COMMITTEE(S)

.. This box is for notice of political expenditures 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 type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

16 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$ 0.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 0.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ 0.00

4. TOTAL POLITICAL EXPENDITURES \$ 725.00

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 60.63

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.

J D Lambright
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said J D Lambright, this the 15 day of July, 20 14, to certify which, witness my hand and seal of office.

Angela Franklin Angela Franklin Paralegal/Notary
Signature of officer administering oath Print name of officer administering oath Title of officer administering oath

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 1/4 Report: 3/6		2 FILER NAME Lambright, Jerry (Mr.)		3 ACCOUNT # (TEC filers) 00062797	
4 Date 03/06/2014	5 Payee name April Sound Country Club				
6 Amount (\$) \$16.00	7 Payee address City; State; Zip Code 1000 April Sound Blvd Montgomery, TX 77356				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> LCARW meeting		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 04/03/2014	Payee name April Sound Country Club				
Amount (\$) \$32.00	Payee address City; State; Zip Code 1000 April Sound Blvd Montgomery, TX 77356				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> LCARW meeting		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 05/01/2014	Payee name April Sound Country Club				
Amount (\$) \$32.00	Payee address City; State; Zip Code 1000 April Sound Blvd Montgomery, TX 77356				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> LCARW meeting		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 04/02/2014	Payee name Bentwater Country Club				
Amount (\$) \$64.00	Payee address City; State; Zip Code 800 Bentwater Dr. Montgomery, TX 77356				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> NSRW meeting		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

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Gifts/Awards/Memorial Expense
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Polling Expense
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Salaries/Wages/Contract Labor
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OTHER (enter a category not listed above)

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1 PAGE # Schedule: 2/4 Report: 4/6		2 FILER NAME Lambright, Jerry (Mr.)		3 ACCOUNT # (TEC filers) 00062797	
4 Date 06/04/2014	5 Payee name Bentwater Country Club				
6 Amount (\$) \$16.00	7 Payee address City; State; Zip Code 800 Bentwater Dr. Montgomery, TX 77356				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> NSRW meeting		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 02/13/2014	Payee name Chamber of Commerce				
Amount (\$) \$30.00	Payee address City; State; Zip Code 505 W. Davis Conroe, TX 77301				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Chamber of Commerce candidate forum		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 02/07/2014	Payee name Lake Conroe Area Republican Women PAC				
Amount (\$) \$50.00	Payee address City; State; Zip Code PO Box 737 Montgomery, TX 77356				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> LCARW fundraising event		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 02/13/2014	Payee name Montgomery County Republican Women				
Amount (\$) \$100.00	Payee address City; State; Zip Code PO Box 1766 Conroe, TX 77305-1766				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> MCRW fundraiser		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	

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SCHEDULE F

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1 PAGE # Schedule: 3/4 Report: 5/6		2 FILER NAME Lambright, Jerry (Mr.)		3 ACCOUNT # (TEC filers) 00062797	
4 Date 02/04/2014	5 Payee name North Shore Republican Women PAC				
6 Amount (\$) \$100.00	7 Payee address City; State; Zip Code PO Box 524 Willis, TX 77356				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description (if travel outside of Texas, complete Schedule T) <input type="checkbox"/> NSRW newsletter advertisement		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 01/23/2014	Payee name River Plantation Country Club				
Amount (\$) \$15.00	Payee address City; State; Zip Code 550 Country Club Dr. Conroe, TX 77302				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description (if travel outside of Texas, complete Schedule T) <input type="checkbox"/> MCRW meeting		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 02/27/2014	Payee name River Plantation Country Club				
Amount (\$) \$15.00	Payee address City; State; Zip Code 550 Country Club Dr. Conroe, TX 77302				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description (if travel outside of Texas, complete Schedule T) <input type="checkbox"/> MCRW meeting		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 03/27/2014	Payee name River Plantation Country Club				
Amount (\$) \$30.00	Payee address City; State; Zip Code 550 Country Club Dr. Conroe, TX 77302				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description (if travel outside of Texas, complete Schedule T) <input type="checkbox"/> MCRW meeting		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	

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1 PAGE # Schedule: 4/4 Report: 6/6		2 FILER NAME Lambright, Jerry (Mr.)		3 ACCOUNT # (TEC filers) 00062797	
4 Date 06/26/2014	5 Payee name River Plantation Country Club				
6 Amount (\$) \$15.00	7 Payee address City; State; Zip Code 550 Country Club Dr. Conroe, TX 77302				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> MCRW meeting		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 01/02/2014	Payee name Rotary Club of The Woodlands				
Amount (\$) \$150.00	Payee address City; State; Zip Code PO Box 7353 The Woodlands, TX 77387-7353				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Dinner honoring Sheriff Gage		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 02/12/2014	Payee name The Woodlands Republican Women				
Amount (\$) \$20.00	Payee address City; State; Zip Code PO Box 7294 The Woodlands, TX 77387				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> TWRW meeting		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 03/12/2014	Payee name The Woodlands Republican Women				
Amount (\$) \$40.00	Payee address City; State; Zip Code PO Box 7294 The Woodlands, TX 77387				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> TWRW meeting		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	