1	E / OFFICEHOLDER I FINANCE REPORT			FORM C/OH COVER SHEET PG 1
The C/OH Instruction	Guide explains how to complete th	is form. 1 Filer ID		2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIR Jen		Mi	Defricerved LIVE ONLY
	NICKNAME LAS Lar	ST nbright	SUFFIX	JAN 19 2016 WI OF ILPRES WI OF
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUI P.O. Box 1428	TE#; CITY;	ZIP CODE	Date Hand-delivered to sale Postmarked Receipt # Amount
Change of Address	Conroe, TX 77305			Date Processed Date Imaged
5 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRS	elinda	MI G.	
	NICKNAME LAS	bright	SUFFIX	
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX	please); ap ber Lane	T/SUITE#; CITY;	STATE; ZIP CODE
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NU	IMBER EXTENSION 3-75-86		
8 REPORT TYPE		Oth day before election	Runoff Exceeded \$500 limit	15th day after campaign treasurer appointment (officeholder only) Final Report (Attach C/OH-FR)
9 PERIOD COVERED	Month Day Year 07/01/2015	THROUGH	Month Day 12/31/2015	Year
10 ELECTION	ELECTION DATE Month Day Year 03/01/2016	X Primary General	ELECTION TYPE Runoff Special	Other
11 OFFICE	OFFICE HELD (if any) Montgomery County Attorney		12 OFFICE SOUGHT (if known)
		GO TO PAGE 2		
Forms provided by Te	xas Ethics Commission	www.ethics.state.tx.u	ls	Version V1.0.34183

FORM C/OH

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM **C/OH** COVER SHEET PG 2

2 of 11

					S 01 TT		
13 C / OH NAME	Lambright, Jerry		14 Filer ID				
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without I officeholders are required to report this information	the candidate's or officel	holder's kn	owledge or		
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME	·				
	GENERAL						
		COMMITTEE ADDRESS					
	SPECIFIC						
		COMMITTEE CAMPAIGN TREASURER NAME	_, <u>, , , , , , , , , , , , , , , , , , </u>				
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS				
16 CONTRIBUTION TOTALS		AL CONTRIBUTIONS OF \$50 OR LESS (OTHER TARANTEES OF LOANS), UNLESS ITEMIZED	THAN PLEDGES,	\$	0.00		
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$	800.00		
EXPENDITURE TOTALS	3. TOTAL POLITIC	ITEMIZED	\$	0.00			
	4. TOTAL POLITIC		\$	2,504.00			
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AST DAY OF THE	\$	15,907.19			
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 AFFADAVIT							
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. Now Hole Signature of Candidate of Officeholder							
AFFIX NOTARY STAMP / SEAL ABOVE							
Sworn to and subscribed before me, by the said							
Angle A V Signature of office	Garklia	Angela Franklin	Notavy Title of officer	administeri	ing oath		
y Signature of Office	aurimistering	, finited figure of officer autimistering	Tac or omogr	commotori			

FORM C/OH **SUBTOTALS - C/OH COVER SHEET PG 3** 3 of 11 18 FILER NAME 19 Filer ID Lambright, Jerry 20 SCHEDULE SUBTOTALS SUBTOTAL AMOUNT NAME OF SCHEDULE X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS 800.00 \$ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ 2. SCHEDULE B: PLEDGED CONTRIBUTIONS \$ SCHEDULE E: LOANS \$ SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 2,504.00 \$ 5. 1x1 SCHEDULE F2: UNPAID INCURRED OBLIGATIONS \$ SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$ 7. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD \$ SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS 9. \$ SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH \$ 10. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED 500.00 12. X \$ TO FILER

MONETARY POLITICAL CONTRIBUTIONS		SCHEDUL	.E A1
The Instruction Guide explains how to complete this form.	1	Total pages Schedule A1: Sch: 1/1 Rpt: 4/11	
2 FILER NAME Lambright, Jerry	3	Filer ID	
4 Date 12/04/2015 5 Full name of contributor out-of-state PAC (ID#: Hengesteg, Toni (Mrs.) 6 Contributor address; City; State; Zip Code 14661 Whistling Oak Dr. Montgomery, TX 77356 8 Principal occupation / Job title (See Instructions) 9 Employer (See Inst		Amount of Contribution (\$)	\$50.00
Date 10/31/2015 Full name of contributor out-of-state PAC (ID#: James Noack Campaign Contributor address; City; State; Zip Code 2 Dancing Breeze Pl. The Woodlands, TX 77382-2894		Amount of Contribution (\$)	\$500.00
Principal occupation / Job title (See Instructions) Employer (See Inst	ructions)		
Date Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	\$250.00
Principal occupation / Job title (See Instructions) Employer (See Inst	ructions)		_

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense

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		Food/Beverage Expense Gift/Awards/Memorials Expe Legal Services The Instruction Guide	Salaries/M	pense /ages/Contract Labor	Travel in District Travel Out of District OTHER (enter a category	not listed above)
1 Total pages Schedule F1: Sch: 1/6 Rpt: 5/11	FILER NAM Lambright,				3 Filer ID	
4 Date 10/07/2015	5 Payee name Bentwater	Country Club				
6 Amount (\$) \$16.00	7 Payee address 800 Bentwo	•	State; Zip Co	de		
8 PURPOSE OF EXPENDITURE		See Categories listed at the top rage Expense	of this schedule)	Check if Au	vel outside of Texas. Complete Scl stin, TX, officeholder living expensi e Republican Women I	e
Complete <u>ONLY</u> if direct expenditure to benefit C/Ol		ficeholder name	Office sou	ght	Office held	
Date 11/04/2015	Payee name Bentwater	e Country Club				
Amount (\$) \$16.00	Payee addre 800 Bentwo Montgome	•	State; Zip Co	de		
PURPOSE OF EXPENDITURE		Gee Categories listed at the top rage Expense	of this schedule)	Check if Aus	vel outside of Texas. Complete Sci stin, TX, officeholder living expensi e Republican Women I	9
Complete ONLY if direct expenditure to benefit C/Ol		iceholder name	Office sou	ght	Office held	
Date 12/04/2015	Payee name Children's	s Safe Harbor				
Amount (\$) \$20.00	Payee addre 1500 N. Fra	_	State; Zip Co	de		
	Conroe, TX	(77301				
PURPOSE OF EXPENDITURE		ise Categories listed at the top Safe Harbor Fundrai	· 1	Check if Aus	wel outside of Texas. Complete Sch stin, TX, officeholder living expense Safe Harbor Fundraise	2
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		iceholder name	Office sou	ght	Office held	

SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			mmittee	Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services The Instruction Guide		·	nse es/Contract Labor		Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2	FILER NAMI		•			3	Filer ID	
	Sch: 2/6 Rpt: 6/11		Lambright,							
4	Date	5	Payee name	:						
	12/19/2015		East Montg	jomery County Fair	* Associat	tion				
6	Amount (\$)	7	Payee addre	ess; City;	State;	Zip Code				
	\$500.00		21679 McC	leskey Rd.						
			New Caney	y, TX 77357						
8	PURPOSE	(a)	Category (s	See Categories listed at the to	op of this sche	_{edule)} (b	Description			
	OF EXPENDITURE			ns/Donations Made		,	Check if trave		ide of Texas. Complete Schedule T.	
	EXPENDITORE		Candidate/	Officeholder/Politic	al Commi	ittee	—		, officeholder living expense	
							Continuutoi	iloy	outh fair auction	
Ļ	Complete ONLY if direct	Ц,	Candidata/Off	iceholder name		Office cough			Office held	
9	Complete ONLY if direct expenditure to benefit C/OI		Januluate/On	icenolaer name		Office sough			Office field	
	Date		Payee name							
	11/04/2015		Lake Conro	oe Area Republican	Women					
	Amount (\$)		Payee addre	ess; City;	State;	Zip Code		•		
	\$15.00		P.O. Box 73	37						
			Montgomer	y, TX 77356						
	PURPOSE	(a)	Category (S	see Categories listed at the to	op of this sche	_{edule)} (b	Description			
	OF EXPENDITURE		Fees						ide of Texas. Complete Schedule T.	
						l	LCARW me		, officeholder living expense ershin dues	
							LOTATION		isinp ddes	
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Off	iceholder name	0	Office sough	:		Office held	_
-	Date	_	Payee name					_		
	08/28/2015		-	Montgomery Cour	nty					
┢	Amount (\$)	H	Payee addre	ess; City;	State:	Zip Code				
	\$80.00		6606 FM 14							
			Suite 148-3	332						
			Magnolia, T							
┝	PURPOSE	(a)			645 1	líh	Description			_
	OF	(ω,		iee Categories listed at the to ni membership dues		edule)		el outsi	ide of Texas. Complete Schedule T.	
	EXPENDITURE	l	LINE GIGIN	ii momboromp dade	-	1			, officeholder living expense	
							LMC alumni	i me	mbership dues	
<u> </u>		L								
	Complete ONLY if direct expenditure to benefit C/Oi		Candidate/Offi	iceholder name	0	office sought			Office held	
	experience to belieff G/OI	'	<u></u>							

SCHEDULE F1

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

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

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID
	Sch: 3/6 Rpt: 7/11	Lambright, Jerry
4	Date	5 Payee name
	07/20/2015	Magnolia Area Republican Women
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1 5.00	P.O. Box 729
		Pinehurst, TX 77362
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	MARW membership dues Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		MARW membership dues
		WATER DESCRIPTION
9	Complete ON! V if dire-+	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/O	
	Date	Payee name
	11/19/2015	Montgomery County Republican Party
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,250.00	310 Metcalf Street
		Conroe, TX 77301
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Candidate filing fee
		Canadate ming 100
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
_	Date	Payee name
	07/10/2015	Montgomery County Republican Women
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	P.O. Box 1766
	φ250,00	1.0, DOX ±100
		Conroe, TX 77305-1766
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
	- M LIBITONE	Check if Austin, TX, officeholder living expense
		MCRW fundraiser
	Complete ONLY if direct expenditure to benefit C/Ol-	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

Advertising Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politics Credit Card Payment	g Expense Food/Beverage Expense Polling Expense flors/ Donations Made By - Gift/Awards/Memorials Expense Frinting Expense date/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor				Travel out of District OTHER (enter a category not listed above)				
L		_			ction Guide explains	how to cu	mpie	te this torm.		
1	Total pages Schedule F1:	2						İ	3	Filer ID
l _	Sch: 4/6 Rpt: 8/11	_	Lambright,	Jerry					l_	
4	Date	5	Payee name	<u> </u>						
	09/15/2015				Republican Wome	.en				
6	Amount (\$)	 -	Payee addre	ess; Cit	v: State	; Zip Co	de			
	\$75.00		P.O. Box 1		J 1	1				
	Ψ1 4.55		1.0.20.2	700						
			Conroe, TX	(77305-1 ⁻	766					
8	PURPOSE	12	· · · · · · · · · · · · · · · · ·	-		, 1	(h)	Description		
°	OF	العا			listed at the top of this sch	redule)	(12)	Description Check if travel	outsi	ide of Texas. Complete Schedule T.
	EXPENDITURE		Event Expe	inse				<u>—</u>		, officeholder living expense
	ı							MCRW fundr		- ·
	!						ĺ			
9	Complete ONLY if direct	Щ.	Candidate/Off	iceholder n	name (Office sou	aht		-	Office held
Ĺ	expenditure to benefit C/Ol						<u> </u>			
	Date	Γ	Payee name	;						
	12/20/2015		Montgomer	ry County	Republican Wome	en				
\vdash	Amount (\$)	一	Payee addre	ess; Cit	v: State:	; Zip Co	de			
	\$15.00		P.O. Box 17	-		, —,				
			1 10	100						
	!			. 7700E 4:	300					
			Conroe, TX	. 7/305-1/ 	766					
	PURPOSE	(a)	Category (S	ee Categories	listed at the top of this scho	redule)	(b)	Description		
	OF EXPENDITURE		Fees							ide of Texas. Complete Schedule T.
						1				, officeholder living expense
	!							MCRW memi	Der:	'snip aues
L		上								
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Offi	iceholder n	ame C	Office sou	ght			Office held
_	expenditure to benefit or or	7								
	Date	Ī	Payee riame	;						
	11/06/2015		North Shore	e Republic	can Women PAC					
\vdash	Amount (\$)	\vdash	Payee addre	ess; City	v: State	; Zip Co	de			
	\$20.00		P.O. Box 52	•	,,	,				
			1101201.							
	!		******************							
		L	Willis, TX 7	7356						
	PURPOSE	(a)	Category (S	ee Categories	listed at the top of this schu	iedule)	(b)	Description		
	OF EXPENDITURE		Fees			1				ide of Texas. Complete Schedule T.
	<u> </u>							NSRW memb		, officeholder living expense
						1		NSRW mem	Jera	srip dues
		上		<u> </u>						
	Complete ONLY if direct		Candidate/Offi	iceholder n	ame C	Office sou	ght			Office held
	expenditure to benefit C/Oł	7								

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Ma Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID
Sch: 5/6 Rpt: 9/11	Lambright, Jerry
4 Date	5 Payee name
12/19/2015	North Shore Republican Women PAC
6 Amount (\$) \$100.00	7 Payee address; City; State; Zip Code P.O. Box 524
	Willis, TX 77356
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense
_	Campaign ad in NSRW directory
	Campaign au in North directory
Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/03/2015	Walden Yacht Club
Amount (\$)	Payee address; City; State; Zip Code
\$16.00	13101 Melville Dr
	Montgomery, TX 77356
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Tayes Complete Schedule T
EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	LCARW lunch meeting
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
11/06/2015	Walden Yacht Club
Amount (\$)	Payee address; City; State; Zip Code
\$16.00	13101 Melville Dr
	Montgomery, TX 77356
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 Lake Conroe Area Republican Women lunch
	meeting
Complete Carracte II	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide expl	Polling Expense Printing Expens Salaries/Wages	e /Contract Labor	Transportation Equipment & Related E Travel in District Travel Out of District OTHER (enter a category not listed ab	
┰	Total pages Schedule F1:	2 FILER NAM				3 Filer ID	
ľ	Sch: 6/6 Rpt: 10/11	Lambright,				o Theris	
4	Date	5 Payee name	2				
	12/21/2015	Wicked Em					
6	Amount (\$) \$100.00	7 Payee addre 15885 TX-: Montgome		State; Zip Code			
8	PURPOSE OF EXPENDITURE	Contributio	See Categories listed at the top of the Ins/Donations Made By Officeholder/Political Co		Check if Austin,	outside of Texas. Complete Schedule T. TX, officeholder living expense efitting Willis High School You	ung
9	Complete ONLY if direct expenditure to benefit C/Ol		ficeholder name	Office sought		Office held	

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	SCHEDULE K
The Instruction Guide explains how to complete this form.	1 Total pages Schedule K: Sch: 1/1 Rpt: 11/11
2 FILER NAME Lambright, Jerry	3 Filer ID
4 Date 12/14/2015 5 Name of person from whom amount is received Montgomery County Republican Party Primary Account 6 Address of person from whom amount is received; City; State; Zip Code P.O. Box 45 Conroe, TX 77305-0045	8 Amount (\$) \$500.00
 7 Purpose for which amount is received	political contribution returned to filer