CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers): N/A

2 Total pages filed: 4

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS (MR) | FIRST: Daniel | MI: G.

NICKNAME: "Danny" | LAST: Lambert | SUFFIX:

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX: 7286 S. FM 730 | APT / SUITE #: | CITY: Boyd, | STATE: TX | ZIP CODE: 76023

☐ Change of Address

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE: (940) | PHONE NUMBER: 393-9764 | EXTENSION:

6 CAMPAIGN TREASURER NAME

MS / MRS (MR) | FIRST: Lynda | MI: S

NICKNAME: "Susan" | LAST: Lambert | SUFFIX:

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE): 7286 S. FM 730 | APT / SUITE #: | CITY: Boyd | STATE: TX | ZIP CODE: 76023

8 CAMPAIGN TREASURER PHONE

AREA CODE: (940) | PHONE NUMBER: 393-3902 | EXTENSION:

OFFICE USE ONLY

FILED

Date Received: 7/8/24 o'clock 10:30 AM

JUL 08 2024

SABRA SRADER
ELECTION ADMINISTRATOR
WISE COUNTY, TEXAS

By: Amanda Knox Deputy

Date Hand-delivered or Date Postmarked:

Receipt # | Amount $:

Date Processed:

Date Imaged:

9 REPORT TYPE

☐ January 15 | ☐ 30th day before election | ☐ Runoff | ☐ 15th day after campaign treasurer appointment (Officeholder Only)

☑ July 15 | ☐ 8th day before election | ☐ Exceeded Modified Reporting Limit | ☐ Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month / Day / Year: 1 / 26 / 2024 THROUGH 6 / 30 / 2024

11 ELECTION

ELECTION DATE: Month / Day / Year: / /

ELECTION TYPE: ☒ Primary | ☐ Runoff | ☐ Other Description | ☐ General | ☐ Special

12 OFFICE

OFFICE HELD (if any): Wise County Commissioner Pct. 3

13 OFFICE SOUGHT (if known): Wise County Commissioner Pct. 3

14 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. *THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT.* CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

☐ Additional Pages

COMMITTEE TYPE: ☐ GENERAL ☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	16 Filer ID (Ethics Commission Filers)
Daniel "Danny" G. Lambert	NA

17 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	$ 0.00
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 300.00
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	$ 0.00
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 0.00
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 457.14
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 0

18 SIGNATURE 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.

Danny Lambert
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

AMANDA KNOX
Notary Public
STATE OF TEXAS
ID# 13420440-3
My Comm. Exp. Feb. 15, 2027

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Daniel G Lambert this the 8 day of July, 2024, to certify which, witness my hand and seal of office.

Amanda Knox | Amanda Knox | Chief Deputy

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

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____ (month), 20_____ (year).

_____
Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME	20 Filer ID (Ethics Commission Filers)
Daniel "Danny" G. Lambert	N/A

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	☒	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$ 300.00
2.	☐	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$
3.	☐	SCHEDULE B: PLEDGED CONTRIBUTIONS	$
4.	☐	SCHEDULE E: LOANS	$
5.	☐	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$
6.	☐	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	$
7.	☐	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	$
8.	☐	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	$
9.	☐	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	$
10.	☐	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	$
11.	☐	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$
12.	☐	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, **DO NOT include this page in the report.**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 1

2 FILER NAME: Daniel "Danny" G. Lambert

3 Filer ID (Ethics Commission Filers): N/A

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____)	7 Amount of contribution ($)
	Wise Republican Women/WRW	$300.00
	6 Contributor address; City; State; Zip Code: P.O. Box 745 Bridgeport, TX 76426	

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.