CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

	Guide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:	
CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST Adam	MI S	OFFICE USE ONLY	
NAME	NICKNAME	LAST Lamb	SUFFIX	Date Received	
CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE	RCVD 0CT28 2025	
MAILING ADDRESS		nds TX 77381		ам()81221262025	
Change of Address				Illrown Township Secr.	
CANDIDATE/ OFFICEHOLDER PHONE	(248)	PHONE NUMBER 892-4051	EXTENSION	Date Hand delivered or Date Postmarked Via email - 5:49 am 10/28/	
6 CAMPAIGN	MS / MRS / MR	FIRST	MI	Receipt # Amount \$	
TREASURER NAME		Michelle		Date Processed	
	NICKNAME	Last Lamb	SUFFIX	Date Imaged	
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / S	UITE #; CITY;	STATE; ZIP CODE	
TREASURER ADDRESS	30 Windward	CT nds TX 77381			
(Residence or Business)	1110 11000101				
CAMPAIGN TREASURER	AREA CODE	PHONE NUMBER	EXTENSION		
PHONE	(248)	497-0963			
REPORT TYPE	January 15	30th day before e	election Runoff	15th day after campaign treasurer appointment	
	July 15	8th day before ele	ection Exceeded Modified Reporting Limit	(Officeholder Only) Final Report (Attach C/OH - FR)	
10 PERIOD	Month	Day Year	Month	Day Year	
COVERED	9	/ 26 / 25	THROUGH 10	/ 25 / 25	
11 ELECTION	ELECTION DA	TE (ELECTION TYPE	,	
	Month Day	Year Primary	Runoff Other		
	11 / 4		Description		
	11/4/	, 52 E	-		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if know Township Boar	•	
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	EHOLDER. THESE EXPENDITURES	ACCEPTED OR POLITICAL EXPENDITURES I	MADE BY POLITICAL COMMITTEES TO SUPPORT IDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR	
COMMITTEE(S)	COMMITTEE TYPE COMMITTEE NAME COMMITTEE TYPE COMMITTEE NAME				
Additional Pages	GENERAL	COMMITTEE ADDRESS			
Mannollar Lages	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME				
		1			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME Adam S Lamb		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS, CONTRIBUTIONS MADE ELECTRONICALLY)	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEE	\$ 5,950.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 27,456.94
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED A OF REPORTING PERIOD	* 40,678.67
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LAST DAY OF THE REPORTING PERIOD	\$ 25,000.00
	wear, or affirm, under penalty of perjury, that the accompanying juired to be reported by me under Title 15, Election Code.	ing report is true and correct and includes all information
	Si	Signature of Candidate or Officeholder
	Please complete either op	otion below:
(1) Affidavit		
NOTARY STAMP/SEAL	-	
Swom to and subscribed	before me by	this the day of,
20, to certify	which, witness my hand and seal of office.	
Signature of officer administer	ring oath Printed name of officer administering oath	th Title of officer administering oath
	OR	
(2) Unsworn Declaration	on	
My name is Adam L		date of birth is
My address is 30 Wir	,	odlands, TX, 77381, Mont. (state) (zip code) (country)
Executed in Montgom	· / _	_ / .
	Signa	nature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	er NAME m S Lamb	20 Filer ID (Ethics Com	nmis	sion Filers)
	HEDULE SUBTOTALS ME OF SCHEDULE			SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	5,950.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00
4.	SCHEDULE E: LOANS		\$	25,000.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CON	NTRIBUTIONS	\$	27,456.94
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL (CONTRIBUTIONS	\$	0.00
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	IDS	\$	0.00
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$	0.00
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	0.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED	\$	0.00

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	s form.	1 Total pages Schedule A1: 7		
2 FILER NAME Adam Lan	nb			3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor Michael Navolio	out-of-state PA	C (ID#:)	7 Amount of contribution (\$)		
10/26/2025	6 Contributor address;	c _{ity;} Spring, T	State; Zip Code	250.00		
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)		
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)		
10/23/2025	Cathie Locetta	City;	State; Zip Code	50.00		
		_	TX 77382	30.00		
Principal occupation / Job title (See Instructions) Employer (See Instructions)						
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)		
10/22/2025	James Woodall Contributor address;	City;	State; Zip Code	250.00		
			Spring, TX 77380	200.00		
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)		
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)		
10/21/2025	Jeremiah Roy Contributor address;	City;	State; Zip Code	100.00		
		_	ton, MI 48346	100.00		
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)		
<u> </u>						

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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:
2 FILER NAME Adam S L	amb	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
10/21/2025	6 Contributor address; City; State; Zip Code Spring, TX 77386	100.00
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instru	actions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
10/20/2025	Adam Helfman Contributor address; City; State; Zip Code	100.00
	, Bloomfield Hill, MI 48302	100.00
Principal occup	pation / Job title (See Instructions) Employer (See Instru	ictions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
10/18/2025	Steven Racz Contributor address; City; State; Zip Code	100.00
	, Pittsburgh, PA 15205	
Principal occup	pation / Job title (See Instructions) Employer (See Instru	actions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
10/18/2025	Tavaughn Houston Contributor address; City; State; Zip Code	25.00
	, West Bridgewater, MA 02379	20.00
Principal occup	pation / Job title (See Instructions) Employer (See Instru	actions)

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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	s form.	1 Total pages Schedule A1: 7
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Adam S L	amb		
4 Date	Full name of contributor out-of-state PA Chaitali Nangrani	C (ID#:)	7 Amount of contribution (\$)
10/17/2025	6 Contributor address; City;	State; Zip Code	250.00
	Spring	, TX 77382	200.00
9 Deineinel		I	[
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PA	C (ID#:)	Amount of contribution (\$)
40/47/0005	Nancie Rushlander		50.00
10/17/2025	Contributor address; City;	State; Zip Code	50.00
	, Murrysville, P	A 15668	00.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PA	C (ID#:)	Amount of contribution (\$)
10/16/2025	Vickie Lofton		400.00
10/16/2025	Contributor address; City;	State; Zip Code	100.00
	, Juno Beach	n, FL 33408	100100
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PA	C (ID#:)	Amount of contribution (\$)
	Mark Congdon		
10/16/2025	Contributor address; City;	State; Zip Code	250.00
	, Sullivans Is	land, SC 29482	200.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: 7
2 FILER NAME Adam S L	amb	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
10/14/2025	6 Contributor address; City; State; Zip Code, Spring, TX 7738	100.00
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
10/14/2025	Christopher Dana Contributor address; City; State; Zip Code Houston, TX 77069	100.00
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	istructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
10/13/2025	Kelley Rumps Contributor address; City; State; Zip Code , The Woodlands, TX 77380	25.00
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	nstructions)
Date	Full name of contributor out-of-state PAC (ID#:	
10/13/2025	John Munich Contributor address; City; State; Zip Code Spring, TX 77381	100.00
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	nstructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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: 7
2 FILER NAME Adam S L	amb		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC DT Lamb	(ID#:)	7 Amount of contribution (\$)
10/10/2025	6 Contributor address; City;	State; Zip Code Onia, MI 48152	100.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date		(ID#:)	Amount of contribution (\$)
10/07/2025	Contributor address; City;	State; Zip Code Z, FL 33558	100.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	tions)
Date		(ID#:)	Amount of contribution (\$)
10/07/2025	John Thaeler Contributor address; City; , Spring, TX	State; Zip Code	250.00
Principal occup	vation / Job title (See Instructions)	Employer (See Instruc	tions)
Date		(ID#:)	Amount of contribution (\$)
10/07/2025	Contributor address; City; Pittsburgh, PA	State; Zip Code	250.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)

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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: 7
2 FILER NAME Adam S L	amb		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC Lance Malmgren	(ID#:)	7 Amount of contribution (\$)
10/06/2025	6 Contributor address; City; The Woodlands,		250.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC Christy Edlinger	(ID#:)	Amount of contribution (\$)
10/06/2025		State; Zip Code A 15212	100.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	tions)
Date		(ID#:)	Amount of contribution (\$)
09/30/2025	Contributor address; City; Spring, TX	State; Zip Code	250.00
Principal occup	vation / Job title (See Instructions)	Employer (See Instruc	tions)
Date		(ID#:)	Amount of contribution (\$)
09/26/2025	Van Blasingame Contributor address; City; , Conroe	State; Zip Code	2,500.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)

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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	s form.	1 Total pages Schedule A1: 7
2 FILER NAME Adam S L	amb		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:) Nannette Mathieu		7 Amount of contribution (\$)
09/22/2025	6 Contributor address; City; Holmes Beach FL 34221	State; Zip Code	100.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAG	C (ID#:)	Amount of contribution (\$)
09/21/2025	Contributor address; City;	State; Zip Code	100.00
	, New Baltimore, M 48047I		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAG	C (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	nation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAG	C (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	vation / Job title (See Instructions)	Employer (See Instruct	ions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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SCHEDULE F1

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	Other (enter a categor	y flot listed above)
Total pages Schedule F1:	2 FILER NAME Adam S Lamb		3 Filer ID (Ethics	Commission Filers)
Date 10/02/2025	5 Payee name CAZ Consulting Corporation			
Amount (\$)	7 Payee address;	City;	State;	Zip Code
1,000.00	76 Tournament Drive, Monroe Twp,	NJ 08831		
3	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Consulting Expense	CAZ Consultir	ng Corporation	l
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	(Office held
Date	Payee name			
10/09/2025	CAZ Consulting Corporation			
Amount (\$)	Payee address;	City;	State;	Zip Code
7,435.00	76 Tournament Drive, Monroe Twp,	NJ 08831		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Consulting Expense	CAZ Consulti	ng Corporatior	1
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	(Office held
Date	Payee name			
10/16/2025	CAZ Consulting Corporation			
Amount (\$)	Payee address;	City;	State;	Zip Code
7,435.00	76 Tournament Drive, Monroe Twp, I	NJ 08831		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Consulting Expense	CAZ Consultin	g Corporation	
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED	

SCHEDULE F1

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

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

Credit Card Payment	The Instruction Guide explains how to o	complete this form.	Otrier (eriter a catego	y not listed above)
Total pages Schedule F1:	2 FILER NAME Adam S Lamb		3 Filer ID (Ethics	Commission Filers)
Date 10/17/2025	5 Payee name CAZ Consulting Corporation			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
1,934.40	76 Tournament Drive, Monroe Twp, I	NJ 08831		
3	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Consulting Expense	CAZ Consultir	ng Corporatior	1
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living	expense
• Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
10/23/2025	CAZ Consulting Corporation			
Amount (\$)	Payee address;	City;	State;	Zip Code
1,913.30	76 Tournament Drive, Monroe Twp, I	NJ 08831		
	Category (See Categories listed at the top of this schedule)	Description	_	
PURPOSE OF EXPENDITURE	Consulting Expense	CAZ Consultir	ng Corporatior	1
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	1	Office held
Date	Payee name			
09/23/2025	FaceBook			
Amount (\$)	Payee address;	City;	State;	Zip Code
18.00	1 Meta Way, Menlo Park, CA 94025			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising Expense	FaceBook		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEI	EDED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Opensitions/Opensitions/Donations/Do

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

Oredit Gard Layment	The Instruction Guide explains how to o	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME Adam S Lamb		3 Filer ID (Ethics C	Commission Filers)
4 Date 09/24/2025	5 Payee name FaceBook			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
20.00	1 Meta Way, Menlo Park, CA 94025			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertising Expense	FaceBook		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living ex	kpense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	0	ffice held
Date	Payee name			
09/25/2025	FaceBook			
Amount (\$)	Payee address;	City;	State;	Zip Code
22.00	1 Meta Way, Menlo Park, CA 94025			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF	Advertising Expense	FaceBook		
EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living ex	kpense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	0	ffice held
Date	Payee name			
09/23/2025	FaceBook			
Amount (\$)	Payee address;	City;	State;	Zip Code
24.00	1 Meta Way, Menlo Park, CA 94025			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising Expense	FaceBook		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living ex	pense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	C	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDUI E AS NEI	EDED	
	ALIAGITADDITIONAL GOLIEGOL IIIIO	JOHLE DOLL AU NEL		

SCHEDULE F1

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

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

oreal card ayment	The Instruction Guide explains how to o	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME Adam S Lamb		3 Filer ID (Ethics	s Commission Filers)
4 Date 09/29/2025	5 Payee name FaceBook			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
32.00	1 Meta Way, Menlo Park, CA 94025			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertising Expense	FaceBook		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
09/29/2025	FaceBook			
Amount (\$)	Payee address;	City;	State;	Zip Code
29.00	1 Meta Way, Menlo Park, CA 94025			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising Expense	FaceBook		
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
09/29/2025	FaceBook			
Amount (\$)	Payee address;	City;	State;	Zip Code
26.00	1 Meta Way, Menlo Park, CA 94025			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising Expense	FaceBook		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED	
				

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

,	The Instruction Guide explains how to c	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME Adam S Lamb		3 Filer ID (Ethics	s Commission Filers)
4 Date 09/29/2025	5 Payee name FaceBook			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
5.55	1 Meta Way, Menlo Park, CA 94025			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertising Expense	FaceBook		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
09/30/2025	FaceBook			
Amount (\$)	Payee address;	City;	State;	Zip Code
35.00	1 Meta Way, Menlo Park, CA 94025			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF	Advertising Expense	FaceBook		
EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
10/02/2025	FaceBook			
Amount (\$)	Payee address;	City;	State;	Zip Code
41.00	1 Meta Way, Menlo Park, CA 94025			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising Expense	FaceBook		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Opensitions/Opensitions/Donations/Do

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

Credit Card Payment	The Instruction Guide explains how to c	complete this form.	,	,
1 Total pages Schedule F1:	2 FILER NAME Adam S Lamb		3 Filer ID (Ethics	Commission Filers)
4 Date 10/02/2025	5 Payee name FaceBook			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
38.00	1 Meta Way, Menlo Park, CA 94025			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertising Expense	FaceBook		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
10/03/2025	FaceBook			
Amount (\$)	Payee address;	City;	State;	Zip Code
44.00	1 Meta Way, Menlo Park, CA 94025			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF	Advertising Expense	FaceBook		
EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
10/06/2025	FaceBook			
Amount (\$)	Payee address;	City;	State;	Zip Code
56.00	1 Meta Way, Menlo Park, CA 94025			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising Expense	FaceBook		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	

SCHEDULE F1

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

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

Credit Card Payment	The Instruction Guide explains how to o	omplete this form.		
1 Total pages Schedule F1:	2 FILER NAME Adam S Lamb		3 Filer ID (Ethics	s Commission Filers)
4 Date 10/06/2025	5 Payee name FaceBook			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
52.00	1 Meta Way, Menlo Park, CA 94025			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertising Expense	FaceBook		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
10/06/2025	FaceBook			
Amount (\$)	Payee address;	City;	State;	Zip Code
48.00	1 Meta Way, Menlo Park, CA 94025			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising Expense	FaceBook		
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living	ı expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
10/07/2025	FaceBook			
Amount (\$)	Payee address;	City;	State;	Zip Code
65.00	1 Meta Way, Menlo Park, CA 94025			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising Expense	FaceBook		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEI	EDED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	The Instruction Guide explains how to c	complete this form.		
Total pages Schedule F1:	2 FILER NAME Adam S Lamb		3 Filer ID (Ethic	s Commission Filers)
10/07/2025	5 Payee name FaceBook			
Amount (\$)	7 Payee address;	City;	State;	Zip Code
60.00	1 Meta Way, Menlo Park, CA 94025			
3	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertising Expense	FaceBook		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin, TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
10/08/2025	FaceBook			
Amount (\$)	Payee address;	City;	State;	Zip Code
75.00	1 Meta Way, Menlo Park, CA 94025			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising Expense	FaceBook		
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living	j expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
10/08/2025	FaceBook			
Amount (\$) 70.00	Payee address; 1 Meta Way, Menlo Park, CA 94025	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising Expense	FaceBook		
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Opensitions/Opensitions/Donations/Do

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

Total pages Schedule F1:	2 FILER NAME Adam S Lamb		3 Filer ID (Ethics	Commission Filers	
16 Date	5 Payee name				
10/09/2025	FaceBook				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
86.00	1 Meta Way, Menlo Park, CA 94025	- , ,	,	, -	
	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Advertising Expense	FaceBook			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aus	stin, TX, officeholder living	expense	
Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH			Office held		
Date	Payee name				
10/09/2025	FaceBook				
Amount (\$)	Payee address;	City;	State;	Zip Code	
80.08	1 Meta Way, Menlo Park, CA 94025				
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Advertising Expense	FaceBook			
	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
10/10/2025	FaceBook				
Amount (\$)	Payee address;	City;	State;	Zip Code	
92.00	1 Meta Way, Menlo Park, CA 94025				
	Category (See Categories listed at the top of this schedule)	Description			
	Advertising Expense	FaceBook			
PURPOSE OF EXPENDITURE					
OF	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	etin, TX, officeholder living	expense	

SCHEDULE F1

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

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

Credit Card Payment	The Instruction Guide explains how to o	complete this form.		
1 Total pages Schedule F1	2 FILER NAME Adam S Lamb		3 Filer ID (Ethics C	ommission Filers)
4 Date 10/14/2025	5 Payee name FaceBook			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
127.00	1 Meta Way, Menlo Park, CA 94025			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertising Expense	FaceBook		
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living ex	pense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Of	fice held
Date	Payee name			
10/14/2025	FaceBook			
Amount (\$)	Payee address;	City;	State;	Zip Code
119.00	1 Meta Way, Menlo Park, CA 94025			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising Expense	FaceBook		
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living ex	pense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Of	fice held
Date	Payee name			
10/14/2025	FaceBook			
Amount (\$)	Payee address;	City;	State;	Zip Code
112.00	1 Meta Way, Menlo Park, CA 94025			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising Expense	FaceBook		
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living exp	pense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	0	ffice held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED	

SCHEDULE F1

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

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

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.		
1 Total pages Schedule F1:	2 FILER NAME Adam S Lamb		3 Filer ID (Ethics C	commission Filers)
4 Date 10/14/2025	5 Payee name FaceBook			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
105.00	1 Meta Way, Menlo Park, CA 94025			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertising Expense	FaceBook		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living ex	pense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Of	ffice held
Date	Payee name			
10/14/2025	FaceBook			
Amount (\$)	Payee address;	City;	State;	Zip Code
98.00	1 Meta Way, Menlo Park, CA 94025			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF	Advertising Expense	FaceBook		
EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living ex	pense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Of	ffice held
Date	Payee name			
10/14/2025	FaceBook			
Amount (\$)	Payee address;	City;	State;	Zip Code
74.83	1 Meta Way, Menlo Park, CA 94025			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising Expense	FaceBook		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living ex	pense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	C	office held
	ATTACH ADDITIONAL COPIES OF THIS	COUEDIU E AC NEE		<u> </u>

SCHEDULE F1

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

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

oreal card ayment	The Instruction Guide explains how to o	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME Adam S Lamb		3 Filer ID (Ethics	s Commission Filers)
4 Date 10/16/2025	5 Payee name FaceBook			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
144.00	1 Meta Way, Menlo Park, CA 94025			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertising Expense	FaceBook		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
10/16/2025	FaceBook			
Amount (\$)	Payee address;	City;	State;	Zip Code
135.00	1 Meta Way, Menlo Park, CA 94025			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising Expense	FaceBook		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
10/17/2025	FaceBook			
Amount (\$)	Payee address;	City;	State;	Zip Code
162.00	1 Meta Way, Menlo Park, CA 94025			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising Expense	FaceBook		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED	

SCHEDULE F1

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

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

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.		
1 Total pages Schedule F1:	2 FILER NAME Adam S Lamb		3 Filer ID (Ethics	Commission Filers)
4 Date 10/17/2025	5 Payee name FaceBook			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
153.00	1 Meta Way, Menlo Park, CA 94025			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertising Expense	FaceBook		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
10/20/2025	FaceBook			
Amount (\$)	Payee address;	City;	State;	Zip Code
193.00	1 Meta Way, Menlo Park, CA 94025			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF	Advertising Expense	FaceBook		
EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
10/20/2025	FaceBook			
Amount (\$)	Payee address;	City;	State;	Zip Code
182.00	1 Meta Way, Menlo Park, CA 94025			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising Expense	FaceBook		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDUI F AS NEE	-DFD	

SCHEDULE F1

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

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

oreal card ayment	The Instruction Guide explains how to c	omplete this form.		
1 Total pages Schedule F1:	2 FILER NAME Adam S Lamb		3 Filer ID (Ethics	s Commission Filers)
4 Date 10/20/2025	5 Payee name FaceBook			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
172.00	1 Meta Way, Menlo Park, CA 94025			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertising Expense	FaceBook		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
10/21/2025	FaceBook			
Amount (\$)	Payee address;	City;	State;	Zip Code
204.00	1 Meta Way, Menlo Park, CA 94025			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising Expense	FaceBook		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
10/22/2025	FaceBook			
Amount (\$)	Payee address;	City;	State;	Zip Code
215.00	1 Meta Way, Menlo Park, CA 94025			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising Expense	FaceBook		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED	

SCHEDULE F1

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

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

Credit Card Payment	The Instruction Guide explains how to o	complete this form.			
1 Total pages Schedule F1	2 FILER NAME Adam S Lamb		3 Filer ID (Ethics	Commission Filers)	
4 Date 10/23/2025	5 Payee name FaceBook				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
227.00	1 Meta Way, Menlo Park, CA 94025				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Advertising Expense	FaceBook			
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name H	Office sought		Office held	
Date	Payee name				
10/24/2025	FaceBook				
Amount (\$)	Payee address;	City;	State;	Zip Code	
239.00	1 Meta Way, Menlo Park, CA 94025				
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Advertising Expense	FaceBook			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held	
Date	Payee name				
10/02/2025	Google				
Amount (\$)	Payee address;	City;	State;	Zip Code	
6.86	1600 Amphitheatre Parkway, Mountain	in View, CA, 94	1043		
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Advertising Expense	Google			
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED		

SCHEDULE F1

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

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

Oredit Gard Layment	The Instruction Guide explains how to	complete this form.			
1 Total pages Schedule F1:	2 FILER NAME Adam S Lamb		3 Filer ID (Ethics	Commission Filers)	
4 Date 10/08/2025	5 Payee name JG Media				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
4,050.00	16225 Impact Way Unit 1, Pflugerville	e, TX 78660			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Advertising Expense	JG Media (dba Newspaper)	a Community	Impact	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	ı	Office held	
Date	Payee name				
09/30/2025	Cadence Bank				
Amount (\$)	Payee address;	City;	State;	Zip Code	
2.00	1925 Hughes Landing Blvd, Suite 20	0, The Woodlar	nds, TX 77380		
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE	Fees	Bank Charges	5		
OF EXPENDITURE					
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	(Office held	
Date	Payee name				
Amount (\$)	Payee address;	City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description			
-	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense			
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held	
expenditure to benefit C/OF	1				
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEI	EDED		