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FEC FORM 2

STATEMENT OF CANDIDACY

1.											
	(a) Name of Candidate (in full)										
	LaFlamme, Andrea, , ,		and if a dele-	ah an1		0 00 414-41	EEO Idaarr	antinii N			
	PO Box 150						Candidate's FEC Identification Number S6ME00340				
	(c) City, State, and ZIP Code					3. Is This	New			mended	
	Bangor		ME	04402		Statement	()	OR	()	A)	
4.	Party Affiliation	5. Office Sough	nt			rict of Candidate					
	DEMOCRATIC PARTY	Senate			ME	00					
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE											
7.	. I hereby designate the following named political committee as my Principal Campaign Committee for the 2026 (year of election)										
	NOTE: This designation should be filed with the appropriate office listed in the instructions.										
	(a) Name of Committee (in full)										
	LaFlamme for ME										
	(b) Address (number and street)										
	PO Box 150										
	(c) City, State, and ZIP Code										
	Bangor				ME	04402					
	DE				HORIZED Representativ	COMMITTE	ES				
		·		•		•					
8.	I hereby authorize the following nan candidacy.	ned committee,	which is NOT n	ny principa	l campaign con	nmittee, to receiv	e and expen	d funds	on behal	f of my	
	NOTE: This designation should be f	led with the prir	ncipal campaigr	n committe	e.						
	(a) Name of Committee (in full)										
	(h) Address (number and street)										
	(b) Address (number and street)										
	(b) Address (number and street) (c) City, State, and ZIP Code										
	(c) City, State, and ZIP Code										
		mined this State	ement and to th	e best of n	ny knowledge a	nd belief it is tru	e, correct and	d comple	ete.		
Sig	(c) City, State, and ZIP Code	mined this State	ement and to th	e best of n	ny knowledge a	nd belief it is tru	e, correct and	d comple	ete.		
	(c) City, State, and ZIP Code I certify that I have example 1.	mined this State	ement and to th	e best of n	ny knowledge a		e, correct and	d comple	ete.		
	(c) City, State, and ZIP Code I certify that I have exa	mined this State	ement and to th	e best of n	ny knowledge a	Date	e, correct and	d comple	ete.		
Lo	(c) City, State, and ZIP Code I certify that I have exa					Date 06/04/2025				g.	
Lo	(c) City, State, and ZIP Code I certify that I have exa gnature of Candidate aFlamme, Andrea, , ,					Date 06/04/2025				g.	
Lo	(c) City, State, and ZIP Code I certify that I have exa gnature of Candidate aFlamme, Andrea, , ,					Date 06/04/2025				g.	

FEC FORM 2 (REV. 02/2009)