

**FEC FORM 2**  
**STATEMENT OF CANDIDACY**

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2006 JUL 11 A 8:21

|                                                                       |                                     |                                                                                                          |
|-----------------------------------------------------------------------|-------------------------------------|----------------------------------------------------------------------------------------------------------|
| 1. (a) Name of Candidate (in full)<br><b>LAURENCE SCOTT D'AMBOISE</b> |                                     | 2. Identification Number                                                                                 |
| (b) Address (number and street)<br><b>10 WING STREET</b>              |                                     |                                                                                                          |
| (c) City, State, and ZIP Code<br><b>LISBON FALLS, ME 04252</b>        |                                     | 3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A) |
| 4. Party Affiliation<br><b>REPUBLICAN</b>                             | 5. Office Sought<br><b>US HOUSE</b> | 6. State & District of Candidate<br><b>MAINE / 2ND DISTRICT</b>                                          |

**DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE**

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2006 election(s).  
(year of election)

**NOTE:** This designation should be filed with the appropriate office listed in the instructions.

|                                                                           |
|---------------------------------------------------------------------------|
| (a) Name of Committee (in full)<br><b>L. SCOTT D'AMBOISE FOR CONGRESS</b> |
| (b) Address (number and street)<br><b>P.O. Box 52</b>                     |
| (c) City, State, and ZIP Code<br><b>LISBON FALLS, ME 04252</b>            |

**DESIGNATION OF OTHER AUTHORIZED COMMITTEES**

(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

**NOTE:** This designation should be filed with the principal campaign committee.

|                                 |
|---------------------------------|
| (a) Name of Committee (in full) |
| (b) Address (number and street) |
| (c) City, State, and ZIP Code   |

**DECLARATION OF INTENT TO EXPEND PERSONAL FUNDS (House or Senate Only)**

9. I intend to expend personal funds exceeding the threshold amount (see 11 C.F.R. 400.9) by

8A

**0.00**

for the primary election, and

8B

**0.00**

for the general election.

If you do not intend to expend personal funds exceeding the threshold amount for either election, you must enter "0.00" for each.

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

|                                                                                                               |                        |
|---------------------------------------------------------------------------------------------------------------|------------------------|
| Signature of Candidate<br> | Date<br><b>7/05/06</b> |
|---------------------------------------------------------------------------------------------------------------|------------------------|

**NOTE:** Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

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Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
The FEC added this page to the end of this filing to indicate how it was received.

|                                                                                                 |                                                     |
|-------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Hand Delivered                                                         | Date of Receipt                                     |
| <input checked="" type="checkbox"/> USPS First Class Mail                                       | Postmarked<br>7/6/06                                |
| <input type="checkbox"/> USPS Registered/Certified                                              | Postmarked (R/C)                                    |
| <input type="checkbox"/> USPS Priority Mail                                                     | Postmarked                                          |
| Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>                |                                                     |
| <input type="checkbox"/> USPS Express Mail                                                      | Postmarked                                          |
| <input type="checkbox"/> Postmark Illegible                                                     |                                                     |
| <input type="checkbox"/> No Postmark                                                            |                                                     |
| <input type="checkbox"/> Overnight Delivery Service (Specify):                                  | Shipping Date                                       |
|                                                                                                 | Next Business Day Delivery <input type="checkbox"/> |
| <input type="checkbox"/> Received from House Records & Registration Office                      | Date of Receipt                                     |
| <input type="checkbox"/> Received from Senate Public Records Office                             | Date of Receipt                                     |
| <input type="checkbox"/> Received from Electronic Filing Office                                 | Date of Receipt                                     |
| <input type="checkbox"/> Other (Specify):                                                       | Date of Receipt or Postmarked                       |
| <br>PREPARER | 7/11/06<br>DATE PREPARED                            |