

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

LAFLAMME FOR ME

ADDRESS (number and street)

PO BOX 150

Check if different
than previously
reported. (ACC)

BANGOR

ME

04402

CITY ▲

STATE ▲

ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER ▼**

C C00907261

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

STATE ▼ DISTRICT

ME

00

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

in the
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the
State of

5. Covering Period

M M / D D / Y Y Y Y
04 / 01 / 2026

through

M M / D D / Y Y Y Y
06 / 30 / 2026*I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.*

Type or Print Name of Treasurer

LAFLAMME, ANDREA, , ,

Signature of Treasurer

LAFLAMME, ANDREA, , ,

Date

M M / D D / Y Y Y Y
07 / 15 / 2026

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

Office
Use
Only**FEC FORM 3**
(Revised 05/2016)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

LAFLAMME FOR ME

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	2	6

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	2	6

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	8147.18	14136.50
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	8147.18	14136.50
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	4282.41	6211.33
(b) Total Offsets to Operating Expenditures (from Line 14)	367.99	367.99
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	3914.42	5843.34
8. Cash on Hand at Close of Reporting Period (from Line 27)	10043.16	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	1750.00	

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov.

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

LAFLAMME FOR ME

Report Covering the Period:

From:

M M / D D / Y Y Y Y
04 / 01 / 2026

To:

M M / D D / Y Y Y Y
06 / 30 / 2026**I. RECEIPTS****COLUMN A**
Total This Period**COLUMN B**
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than
Political Committees

(i) Itemized (use Schedule A).....

8147.18

13942.54

(ii) Unitemized

0.00

193.96

(iii) TOTAL of contributions
from individuals ▶

8147.18

14136.50

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees
(such as PACs)

0.00

0.00

(d) The Candidate

0.00

0.00

(e) TOTAL CONTRIBUTIONS
(other than loans)
(add Lines 11(a)(iii), (b), (c), and (d))..

8147.18

14136.50

12. TRANSFERS FROM OTHER
AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:

(a) Made or Guaranteed by the
Candidate.....

0.00

1750.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS
(add Lines 13(a) and (b)).....

0.00

1750.00

14. OFFSETS TO OPERATING
EXPENDITURES
(Refunds, Rebates, etc.)

367.99

367.99

15. OTHER RECEIPTS
(Dividends, Interest, etc.)

0.00

0.00

16. TOTAL RECEIPTS (add Lines
11(e), 12, 13(c), 14, and 15)
(Carry Total to Line 24, page 4)..... ▶

8515.17

16254.49

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 05/2016)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	4282.41	6211.33
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	4282.41	6211.33

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	5810.40
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	8515.17
25. SUBTOTAL (add Line 23 and Line 24).....	14325.57
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	4282.41
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	10043.16

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 5 OF 18

☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LAFLAMME FOR ME

Full Name (Last, First, Middle Initial)

Act Blue

A.

Mailing Address 366 Summer Street

City

Somerville

State

MA

Zip Code

02144

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

7044.84

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 09 2026

Transaction ID : SA11AI.4166

Amount of Each Receipt this Period

1055.52



Memo Item

Donations

Full Name (Last, First, Middle Initial)

Act Blue

B.

Mailing Address 366 Summer Street

City

Somerville

State

MA

Zip Code

02144

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

7094.84

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 15 2026

Transaction ID : SA11AI.4171

Amount of Each Receipt this Period

50.00



Memo Item

Donation

Full Name (Last, First, Middle Initial)

Act Blue

C.

Mailing Address 366 Summer Street

City

Somerville

State

MA

Zip Code

02144

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

7575.07

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 15 2026

Transaction ID : SA11AI.4172

Amount of Each Receipt this Period

480.23



Memo Item

Donations

SUBTOTAL of Receipts This Page (optional)..... ▶

1585.75

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

LAFLAMME FOR ME

Full Name (Last, First, Middle Initial)
Act Blue

A.

Mailing Address 366 Summer Street

City
Somerville

State
MA

Zip Code
02144

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7928.48

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 22 2026

Transaction ID : SA11AI.4177

Amount of Each Receipt this Period

353.41

☐ Memo Item
Donations

Full Name (Last, First, Middle Initial)
Act Blue

B.

Mailing Address 366 Summer Street

City
Somerville

State
MA

Zip Code
02144

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

9310.74

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 27 2026

Transaction ID : SA11AI.4184

Amount of Each Receipt this Period

1382.26

☐ Memo Item
Donations

Full Name (Last, First, Middle Initial)
Act Blue

C.

Mailing Address 366 Summer Street

City
Somerville

State
MA

Zip Code
02144

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

9532.59

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 05 2026

Transaction ID : SA11AI.4200

Amount of Each Receipt this Period

221.85

☐ Memo Item
Donations

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1957.52

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

LAFLAMME FOR ME

Full Name (Last, First, Middle Initial)

Act Blue

A.

Mailing Address 366 Summer Street

City

Somerville

State

MA

Zip Code

02144

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2026



Primary



General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

11427.26

Date of Receipt

M M / D D / Y Y Y Y Y
05 11 2026

Transaction ID : SA11AI.4207

Amount of Each Receipt this Period

1894.67

☐ Memo Item

Donations

Full Name (Last, First, Middle Initial)

Act Blue

B.

Mailing Address 366 Summer Street

City

Somerville

State

MA

Zip Code

02144

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2026



Primary



General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

11839.45

Date of Receipt

M M / D D / Y Y Y Y Y
05 18 2026

Transaction ID : SA11AI.4223

Amount of Each Receipt this Period

412.19

☐ Memo Item

Donations

Full Name (Last, First, Middle Initial)

Act Blue

C.

Mailing Address 366 Summer Street

City

Somerville

State

MA

Zip Code

02144

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2026



Primary



General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

12266.80

Date of Receipt

M M / D D / Y Y Y Y Y
05 27 2026

Transaction ID : SA11AI.4226

Amount of Each Receipt this Period

427.35

☐ Memo Item

Donations

SUBTOTAL of Receipts This Page (optional)..... ▶

2734.21

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 11a	☐ 11b	☐ 11c	☐ 11d	☐ 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

LAFLAMME FOR ME

Full Name (Last, First, Middle Initial)
Act Blue

Mailing Address 366 Summer Street

City
SomervilleState
MAZip Code
02144FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

12543.52

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06		04		2026

Transaction ID : SA11AI.4232

Amount of Each Receipt this Period

276.72

☐ Memo Item
DonationsFull Name (Last, First, Middle Initial)
Act Blue

Mailing Address 366 Summer Street

City
SomervilleState
MAZip Code
02144FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

12846.93

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06		09		2026

Transaction ID : SA11AI.4237

Amount of Each Receipt this Period

303.41

☐ Memo Item
DonationsFull Name (Last, First, Middle Initial)
Act Blue

Mailing Address 366 Summer Street

City
SomervilleState
MAZip Code
02144FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

14117.73

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06		16		2026

Transaction ID : SA11AI.4239

Amount of Each Receipt this Period

1270.80

☐ Memo Item
Donations

SUBTOTAL of Receipts This Page (optional)..... ▶

1850.93

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 9 OF 18

☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

LAFLAMME FOR ME

Full Name (Last, First, Middle Initial)

Act Blue

A.

Mailing Address 366 Summer Street

City

Somerville

State

MA

Zip Code

02144

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

14136.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 23 2026

Transaction ID : SA11AI.4240

Amount of Each Receipt this Period

18.77

☐ Memo Item

Donations

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

18.77

TOTAL This Period (last page this line number only)..... ▶

8147.18

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 18

☒ 17	☐ 18	☐ 19a	☐ 19b
☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

LAFLAMME FOR ME

Full Name (Last, First, Middle Initial)

A. Cross & Oberlie

Mailing Address 916 Byrd Ave

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		30		2026

City
NeenahState
WIZip Code
54956

FEC Identification Number

C	C00907261
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Purpose of Disbursement
Yard SignsCategory/
Type

Amount of Each Disbursement this Period

2427.23

Transaction ID : SB17.4187

☐ Memo Item

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2026

☒ Primary	☐ General
☐ Other (specify) ▼	

State: ME

District: 00

Full Name (Last, First, Middle Initial)

B. Staples

Mailing Address 180 Bangor Mall Blvd

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		01		2026

City
BangorState
MEZip Code
04401

FEC Identification Number

C	C00907261
---	-----------

Purpose of Disbursement
Promo MaterialsCategory/
Type

Amount of Each Disbursement this Period

59.53

Transaction ID : SB17.4195

☐ Memo Item

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2026

☒ Primary	☐ General
☐ Other (specify) ▼	

State: ME

District: 00

Full Name (Last, First, Middle Initial)

C. Staples

Mailing Address 180 Bangor Mall Blvd

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		02		2026

City
BangorState
MEZip Code
04401

FEC Identification Number

C	C00907261
---	-----------

Purpose of Disbursement
Office SuppliesCategory/
Type

Amount of Each Disbursement this Period

9.48

Transaction ID : SB17.4197

☐ Memo Item

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2026

☒ Primary	☐ General
☐ Other (specify) ▼	

State: ME

District: 00

SUBTOTAL of Disbursements This Page (optional).....▶

2496.24

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 11 OF 18

☒ 17	☐ 18	☐ 19a	☐ 19b
☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

LAFLAMME FOR ME

Full Name (Last, First, Middle Initial)

A. Staples

Mailing Address 180 Bangor Mall Blvd

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		11		2026

City
BangorState
MEZip Code
04401

FEC Identification Number

C	C00907261
---	-----------

Purpose of Disbursement
Printing SuppliesCategory/
Type

Amount of Each Disbursement this Period

18.77

Candidate Name
LAFLAMME FOR ME

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2026

☒ Primary	☐ General
☐ Other (specify) ▼	

State: ME

District: 00

Transaction ID : SB17.4205

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Staples

Mailing Address 180 Bangor Mall Blvd

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		11		2026

City
BangorState
MEZip Code
04401

FEC Identification Number

C	C00907261
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Purpose of Disbursement
Printing SuppliesCategory/
Type

Amount of Each Disbursement this Period

18.77

Candidate Name
LAFLAMME FOR ME

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2026

☒ Primary	☐ General
☐ Other (specify) ▼	

State: ME

District: 00

Transaction ID : SB17.4206

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Staples

Mailing Address 180 Bangor Mall Blvd

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		12		2026

City
BangorState
MEZip Code
04401

FEC Identification Number

C	C00907261
---	-----------

Purpose of Disbursement
Printing MaterialsCategory/
Type

Amount of Each Disbursement this Period

118.15

Candidate Name
LAFLAMME FOR ME

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2026

☒ Primary	☐ General
☐ Other (specify) ▼	

State: ME

District: 00

Transaction ID : SB17.4209

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

155.69

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 12 OF 18

☒ 17	☐ 18	☐ 19a	☐ 19b
☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

LAFLAMME FOR ME

Full Name (Last, First, Middle Initial)

A. Staples

Mailing Address 180 Bangor Mall Blvd

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		13		2026

City
BangorState
MEZip Code
04401

FEC Identification Number

C C00907261

Purpose of Disbursement
Printing MaterialsCandidate Name
LAFLAMME FOR MECategory/
Type

Amount of Each Disbursement this Period

118.15

Transaction ID : SB17.4210

☐ Memo Item

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2026

☒ Primary	☐ General
☐ Other (specify) ▼	

State: ME

District: 00

Full Name (Last, First, Middle Initial)

B. Staples

Mailing Address 180 Bangor Mall Blvd

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		14		2026

City
BangorState
MEZip Code
04401

FEC Identification Number

C C00907261

Purpose of Disbursement
Printing MaterialsCandidate Name
LAFLAMME FOR MECategory/
Type

Amount of Each Disbursement this Period

118.15

Transaction ID : SB17.4211

☐ Memo Item

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2026

☒ Primary	☐ General
☐ Other (specify) ▼	

State: ME

District: 00

Full Name (Last, First, Middle Initial)

C. Staples

Mailing Address 180 Bangor Mall Blvd

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		03		2026

City
BangorState
MEZip Code
04401

FEC Identification Number

C C00907261

Purpose of Disbursement
PrintingCandidate Name
LAFLAMME FOR MECategory/
Type

Amount of Each Disbursement this Period

90.51

Transaction ID : SB17.4231

☐ Memo Item

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2026

☒ Primary	☐ General
☐ Other (specify) ▼	

State: ME

District: 00

SUBTOTAL of Disbursements This Page (optional).....▶

326.81

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 17	☐ 18	☐ 19a	☐ 19b
☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

LAFLAMME FOR ME

Full Name (Last, First, Middle Initial)

A. Staples

Mailing Address 180 Bangor Mall Blvd

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		06		2026

City
BangorState
MEZip Code
04401Purpose of Disbursement
PrintingCandidate Name
LAFLAMME FOR MECategory/
Type

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2026

☒ Primary	☐ General
☐ Other (specify) ▼	

State: ME District: 00

FEC Identification Number

C C00907261

Amount of Each Disbursement this Period

90.51

Transaction ID : SB17.4235

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. US Postal Service

Mailing Address 73 Hammond Street, #9998

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		11		2026

City
BangorState
MEZip Code
04401Purpose of Disbursement
PostageCandidate Name
LAFLAMME FOR MECategory/
Type

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2026

☒ Primary	☐ General
☐ Other (specify) ▼	

State: ME District: 00

FEC Identification Number

C C00907261

Amount of Each Disbursement this Period

122.00

Transaction ID : SB17.4167

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. US Postal Service

Mailing Address 73 Hammond Street, #9998

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		24		2026

City
BangorState
MEZip Code
04401Purpose of Disbursement
PostageCandidate Name
LAFLAMME FOR MECategory/
Type

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2026

☒ Primary	☐ General
☐ Other (specify) ▼	

State: ME District: 00

FEC Identification Number

C C00907261

Amount of Each Disbursement this Period

10.65

Transaction ID : SB17.4178

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

223.16

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

LAFLAMME FOR ME

Full Name (Last, First, Middle Initial)

A. US Postal Service

Mailing Address 73 Hammond Street, #9998

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		02		2026

City
BangorState
MEZip Code
04401Purpose of Disbursement
MailboxCandidate Name
LAFLAMME FOR MECategory/
Type

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2026

☒ Primary	☐ General
☐ Other (specify) ▼	

State: ME District: 00

FEC Identification Number

C C00907261

Amount of Each Disbursement this Period

122.00

Transaction ID : SB17.4199

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. US Postal Service

Mailing Address 73 Hammond Street, #9998

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		19		2026

City
BangorState
MEZip Code
04401Purpose of Disbursement
PostageCandidate Name
LAFLAMME FOR MECategory/
Type

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2026

☒ Primary	☐ General
☐ Other (specify) ▼	

State: ME District: 00

FEC Identification Number

C C00907261

Amount of Each Disbursement this Period

16.00

Transaction ID : SB17.4220

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. US Postal Service

Mailing Address 73 Hammond Street, #9998

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		19		2026

City
BangorState
MEZip Code
04401Purpose of Disbursement
PostageCandidate Name
LAFLAMME FOR MECategory/
Type

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2026

☒ Primary	☐ General
☐ Other (specify) ▼	

State: ME District: 00

FEC Identification Number

C C00907261

Amount of Each Disbursement this Period

122.00

Transaction ID : SB17.4221

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

260.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

LAFLAMME FOR ME

Full Name (Last, First, Middle Initial)

A. US Postal Service

Mailing Address 73 Hammond Street, #9998

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		02		2026

City
BangorState
MEZip Code
04401

FEC Identification Number

C C00907261

Purpose of Disbursement
PostageCandidate Name
LAFLAMME FOR MECategory/
Type

Amount of Each Disbursement this Period

108.00

Transaction ID : SB17.4229

☐ Memo Item

Office Sought:

☐	House
☒	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State: ME

District: 00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

City

State

Zip Code

FEC Identification Number

C

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C.

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

City

State

Zip Code

FEC Identification Number

C

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

SUBTOTAL of Disbursements This Page (optional).....▶

108.00

TOTAL This Period (last page this line number only).....▶

3569.90

SCHEDULE C (FEC Form 3)
LOANS

PAGE 16 OF 18

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4102

LAFLAMME FOR ME

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

LaFlamme, Andrea, , ,

Mailing Address

189 Norfolk Street

City

Bangor

State

ME

ZIP Code

04401

☐ Personal Funds of the Candidate

Original Amount of Loan

1000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
06 06 / 2025

M M / D D / Y Y Y Y

11/01/2026

0.00 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

1000.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 17 OF 18

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4114

LAFLAMME FOR ME

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2025

☒ Primary☐ General☐ Other (specify) ▼

LAFLAMME, ANDREA, , ,

Mailing Address

189 Norfolk Street

City

BANGOR

State

ME

ZIP Code

04401

☐ Personal Funds of the Candidate

Original Amount of Loan

500.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

500.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
06 11 / 2025

M M / D D / Y Y Y Y

11/01/2026

0.00 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

500.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 18 OF 18

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4149

LAFLAMME FOR ME

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

LaFlamme, Andrea, , ,

Mailing Address

189 Norfolk Street

City

Bangor

State

ME

ZIP Code

04401

☐ Personal Funds of the Candidate

Original Amount of Loan

250.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

250.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
02 22 / 2026

M M / D D / Y Y Y Y

11/30/26

0.00 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

250.00

TOTALS This Period (last page in this line only).....▶

1750.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.