Image# 202512249793857680 PAGE 1 / 2

FEC FORM 2

STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full) HAGEMAN, HARRIET, , ,									
	(b) Address (number and street) P.O. BOX 4157	☐ Check if address changed				2. Candidate's FEC Identification Number \$6WY00209				
	(c) City, State, and ZIP Code CHEYENNE		W	/ 8200	ว	3. Is This New Statement X (N)	Amended (A)			
4.	Party Affiliation	5. Office Soug		0200		rict of Candidate	(//			
	REPUBLICAN PARTY	Senate			WY	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)									
	HAGEMAN FOR WYOMING									
	(b) Address (number and street)									
	P.O. BOX 4157									
	(c) City, State, and ZIP Code									
	CHEYENNE				WY	82003				
8.	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 f	iled with the pri	ncipal campa	ign committ	ee.					
	(a) Name of Committee (in full)									
	HAGEMAN VICTOR	RY FUND								
	(b) Address (number and street) P.O. BOX 4157									
	(c) City, State, and ZIP Code CHEYENNE				WY	82003				
	I certify that I have exa	mined this Stat	ement and to	the best of	my knowledge a	nd belief it is true, correct and co	omplete.			
Signature of Candidate				Date						
Н	AGEMAN, HARRIET, , ,					12/24/2025				
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.										

FEC FORM 2 (REV. 02/2009)

FEC Form 2S (Revised 02/2017)

Optional Supplemental Page for Designation of Additional Authorized Committees

Page	2 of 2	
Page	OI	

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)									
	GOP WINNING WOMEN 2026									
	(b) Address (number and street) 228 S WASHINGTON ST STE 115									
	(c) City, State, and ZIP Code ALEXANDRIA	VA	22314							
8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of candidacy. NOTE : This designation should be filed with the principal campaign committee.										
	(a) Name of Committee (in full) HAGEMAN SENATE FUND									
	(b) Address (number and street) C/O RED CURVE SOLUTIONS 138 CONANT ST, STE 401									
	(c) City, State, and ZIP Code BEVERLY	MA	01915							
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									
8.	ereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my ndidacy. 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									