Image# 202506069761868704 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	□С	☐ Check if address changed			Candidate's FEC Identification Number H2WY00166			
	(c) City, State, and ZIP Code CHEYENNE		W	/ 8200;	3	3. Is This New Statement (N) OR X (A)	ded		
4.	Party Affiliation REPUBLICAN PARTY	5. Office Soug	jht		6. State & Dis	trict of Candidate			
	D	ESIGNATIO	N OF PR	INCIPAL	CAMPAIG	N COMMITTEE			
7.	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	e filed with the ap	propriate office	ce listed in th	ne instructions.				
	(a) Name of Committee (in full)	/\/ON4INIO							
	HAGEMAN FOR W	YOMING							
	(b) Address (number and street)								
	P.O. BOX 4157								
	(c) City, State, and ZIP Code								
	CHEYENNE				WY	82003			
	D					COMMITTEES			
		·			g Representativ	, and the second			
8.	I hereby authorize the following na candidacy.	amed committee,	, which is NO	Γ my principa	al campaign co	mmittee, to receive and expend funds on behalf of m	ny		
	NOTE: This designation should be filed with the principal campaign committee.								
	(a) Name of Committee (in full)								
HAGEMAN VICTORY FUND									
	(b) Address (number and street)								
	P.O. BOX 4157								
	(c) City, State, and ZIP Code								
	CHEYENNE				WY	82003			
	I certify that I have ex	vamined this Sta	tement and to	the hest of	my knowledge	and belief it is true, correct and complete.			
Si	gnature of Candidate	Carrinica tino Ota	ement and to	THE DESI OF	ny knowicage (Date			
					06/06/2025				
П	AGEMAN, HARRIET, , ,					00/00/2025			
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

Dogo	2 04	2	
Page	- OT	_	

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									
	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 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.	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)									
	(a) Name of Committee (in fair)									
	(b) Address (number and street)									
	(c) City, State, and ZIP Code									
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									