

Committee Treasurer

Missouri Ethics Commission (MEC)
P.O. Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov

## Statement of Committee Organization

Office Use:	
C253709	

Statement Information	on			
Date: 10/23/2025				
Type: New	Amended (if amending, enter MEC ID	& section c	changed	
. Committee Informati	on			
Hagedorn for Missour	İ			
	ado Springs, MO 64744		(847) 507-9980	
Committee Mailing Address, City,			Telephone Number	
[REDACTED] Official Committee Email Address		Cedar County Clerk	ioners, Federal PAC/Out of State Committee	
Committee Type:	Campaign Candidate Continu		Exploratory Political Pary	
. Treasurer/Deputy Tre				
	asurer information	[DED A CTED]		
Ryan Hagedorn Treasurer's Name (First & Last)		[REDACTED] Treasurer's Email Address (optional)		
2655 E 420 Rd El Dora	do Springs, MO 64744	(847) 507-9980		
Treasurer's Mailing Address, City,	State, & Zip	Phone 1	Phone 2	
Deputy Treasurer's Name (if one a	appointed)	[REDACTED]  Deputy Treasurer's Email Address (option	nal)	
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Deputy Treasurer's Mailing Addres	ss, City, State, & Zip	Phone 1	Phone 2	
. Additional Committee	Information			
Additional Committee Officer's Na	me & Title (if any)	Additional Committee Officer's Mailing Address, City, State, & Zip		
Connected Organization's Name (i	fany)	Connected Organization's Mailing Addres	ss, City, State, & Zip	
CANDIDATES: Do vou	have more than one candidate committe			
			, <b>—</b>	
Official Bank Account Information (required by all committees			[DED A CTED]	
[REDACTED]  Name & Mailing Address, City, State, & Zip of Financial Institution		[REDACTED] Account Name	[REDACTED] Account Number	
. Candidate Supported	or Opposed (candidate committees mus	t include self, if candidate)		
Ryan Hagedorn 2655 E 420 Rd El Dorado Springs, MO		(847) 507-9980		
64744  Name & Mailing address, City, State, & Zip of Candidate		Dhone 1	Dhana 2	
	State	Phone 1	Phone 2	
08/04/2026	Representative/Missouri	Republican		
	House of Representatives			
Election Date	Office Sought & Political Subdivision	Political Party	Support or Oppose	
. Ballot Measure Suppo	orted or Opposed (campaign committees	must complete this section)		
Name of Ballot Measure		Election Date & Political Subdivision	Support or Oppose	
. Signature(s) Check cer	rtification(s) & sign (required by all comr			
	nder penalty of perjury that information	•	olete true and accurate I	
	that I am aware that any false statement			
FLECTRONICALLY FILED Oct 23 2025 06:34 PM		FLECTRONICALLY FILED Oct 23 2025 06:34 PM		

Candidate (Candidate Committees Only)

MO 300-1308 Packet (Rev. 10/2019)