PAGE 1 / 11 ·

STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. Georgia Republican Party Inc. PO Box 550008 ADDRESS (number and street) (Check if address is changed) Atlanta 30355-2508 GA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS karen@gagop.org (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.gagop.org (Check if address is changed) DATE 01 2020 C00150672 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Brannan, Joseph, , , Type or Print Name of Treasurer Brannan, Joseph, , , [Electronically Filed] 06 18 2021 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

FEC FC	orm 1 (Revised 02/2009)	Page <b>2</b>
TYPE OF (	COMMITTEE e Committee:	Ü
(a)	This committee is a principal campaign committee. (Complete the candidate information below.	)
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Cominformation below.)	plete the candidate
Name of Candidate		
Candidate Party Affiliat	Office Sought: House Senate President	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Co		(Domogratio
(d) <b>x</b>	This committee is a STA (National, State or subordinate) committee of the REP	(Democratic, Republican, etc.) Party.
Political A	Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nnected organization is a
	Corporation Corporation w/o Capital Stock	Labor Organization
	Membership Organization Trade Association	Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate so committee. (i.e., nonconnected committee)	egregated fund or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fun	draising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate.	vo or more political
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political
Con	nmittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	
4.		

FEC <b>Form 1</b> (Revised (	02/2009)	Page <b>3</b>
Write or Type Committee Name		-9- 3
Georgia Repub		
<u>·</u>	Organization, Affiliated Committee, Joint Fundraising Representative, or Lead	ership PAC Sponsor
•	J Topiosoniality of Load	
Trump Victory		
Mailing Address	138 Conant St	
	c/o Red Curve Solutions	
	Beverly MA 0191	5-1666
	CITY STATE	ZIP CODE
Relationship: Connected	d Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
<ol> <li>Custodian of Records: Iden books and records.</li> </ol>	tify by name, address (phone number optional) and position of the person in	possession of committee
Hentschel,	Karen, , ,	1
Full Name	3095 Balearic Dr SE	
Mailing Address		
	Marietta GA , 3006	7-5403
Title or Position	CITY STATE	ZIP CODE
Custodian of Records		818 - 0527
3. <b>Treasurer:</b> List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the assistant treasurer).	name and address of
Full Name Brannan, J	oseph, , ,	1
of Treasurer	1811 Park Dr	
Mailing Address		
	Columbus	3561
	CITY STATE	3-3561 ZIP CODE
Title or Position Treasurer		575   -   9621

Full Name of Designated Agent	Brannan, Joseph, , ,	
Mailing Address	1811 Park Dr	
	Columbus GA 31900	6-3561 ZIP CODE
Title or Position Treasurer		575 - 9621
safety deposit boxes	es or maintains funds.	
Name of Bank, Dep	pository, etc.	
Name of Bank, Dep	pository, etc.  Synovus	
Name of Bank, Dep	pository, etc.	
Name of Bank, Dep	Synovus  10446 Alpharetta Street	
Name of Bank, Dep	pository, etc.  Synovus	5
Name of Bank, Dep	Synovus  10446 Alpharetta Street	ZIP CODE
Name of Bank, Dep	Pository, etc.  Synovus  10446 Alpharetta Street  Roswell  CITY  STATE	
Name of Bank, Dep  Mailing Address  Name of Bank, Dep	Pository, etc.  Synovus  10446 Alpharetta Street  Roswell  CITY  STATE	
Name of Bank, Dep  Mailing Address  Name of Bank, Dep	Pository, etc.  Synovus  10446 Alpharetta Street  Roswell  CITY  STATE  Pository, etc.	
Name of Bank, Dep  Mailing Address  Name of Bank, Dep	Synovus  10446 Alpharetta Street  Roswell  CITY  STATE  Synovus Bank	
Name of Bank, Dep  Mailing Address  Name of Bank, Dep	Synovus  10446 Alpharetta Street  Roswell  CITY  STATE  Synovus Bank	ZIP CODE

## : 97 'A = G7 9 @ 5 B9 CI G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCFHŽG7 < 98 I @ 'CF' ± H9 A = N5 H± CB

Form/Schedule: F1A Transaction ID:

We are amending our Form 1 for new Joint Fundraising Rep

Form/Schedule: Transaction ID:

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page \_\_\_\_ **of** \_\_\_\_\_11\_\_\_

h). Joint Fundraisi		FEC ID number	С
1		FEC ID number	C
2.			
3.		FEC ID number	C
4.		FEC ID number	C
ame of Any Connected	Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spon
Take Back The H	ouse 2020		
<u> </u>			
	PO Box 30844		
Mailing Address	1 0 000 30044		
	Bethesda	MD MD	20824-0844
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte	d Organization Affiliated Committee	Fundraising Representa	ative Leadership PAC S
esignated Agent: Identif	d Organization Affiliated Committee Joint  y by name, address (phone number – optional)	Fundraising Representa	Leadership PAC S
esignated Agent: Identif		Fundraising Representa	Leadership PAC S
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esignated Agent: Identif		Fundraising Representation	Leadership PAC S
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esignated Agent: Identif  Full Name  Mailing Address	y by name, address (phone number – optional)  CITY		
esignated Agent: Identification Full Name	y by name, address (phone number – optional)  CITY   CITY   Te	STATE A	ZIP CODE A
esignated Agent: Identification Full Name   Mailing Address  TITLE OR POSITION   anks or Other Deposite   afety deposit boxes or m   ame of Bank, Synov	y by name, address (phone number – optional)  CITY   CITY   Te	STATE A	ZIP CODE A
esignated Agent: Identification Full Name   Mailing Address  TITLE OR POSITION   anks or Other Deposite   afety deposit boxes or m   ame of Bank, Synov	y by name, address (phone number – optional)  CITY   CITY   Telepries: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A
Full Name Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	y by name, address (phone number – optional)  CITY   CITY   Telepries: List all banks or other depositories in which aintains funds.  Tus Bank	STATE A	ZIP CODE A
Full Name Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	y by name, address (phone number – optional)  CITY   CITY   Telepries: List all banks or other depositories in which aintains funds.  Tus Bank	STATE A	ZIP CODE A

# Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

Page \_\_\_\_ **of** \_\_\_\_\_

5(a)	or(h). <b>Joint Fundraising</b>	p Participant:		
O(g)	1	,	FEC ID number	C
	2.		FEC ID number	C
			FEC ID number	C
	3.		FEC ID number	C
	4.		rec ib number	U
6.	Name of Any Connected (	Organization, Affiliated Committee, Joint Fun	draising Representativ	e, or Leadership PAC Sponsor
	Mailing Address	PO Box 12077		
		Atlanta	GA L	30355-2077
	Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	Connected	Organization Affiliated Committee X Joint	nt Fundraising Represent	ative Leadership PAC Sponsor
8.	Designated Agent: Identify  Full Name	by name, address (phone number – optional)		
		1		
	Mailing Address			
	TITLE OR POSITION	▼ CITY ▲	STATE ▲	ZIP CODE ▲
	TITLE OR POSITION	•	STATE ▲ Telephone Number	ZIP CODE ▲
9.	Banks or Other Depositor safety deposit boxes or main	ies: List all banks or other depositories in whice	Telephone Number	
9.	Banks or Other Depositor safety deposit boxes or main Name of Bank, Depository, etc.	ries: List all banks or other depositories in whice intains funds.  US Bank  10446 Alpharetta Street	Telephone Number	ts funds, holds accounts, rents

# Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

afety deposit boxes or ma	▼  bries: List all banks		Telephone Number	ts funds, holds accounts, rents
anks or Other Depositoratety deposit boxes or material boxes are material boxes.	vries: List all banks aintains funds. us Bank	s or other depositories in which	Telephone Number	
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anks or Other Deposito	▼  bries: List all banks		Telephone Number	
	▼		Telephone Number	
TITLE OR POSITION		CHY A	ı	
TITLE OR POSITION		CHY A	SIAIE	
		OIT) ( A	OTATE A	ZIP CODE ▲
	1			
Mailing Address				
Full Name				
	y by name, addres	s (phone number – optional)		
Connected	d Organization	Affiliated Committee	oint Fundraising Represent	ative Leadership PAC Sp
Relationship:		CITY A	STATE A	ZIP CODE ▲
	Athens		GA	30605-1332
	Ste 101			
Mailing Address	824 S Milledge	Ave		
ame of Any Connected Team Loeffler	Organization, Aff	iliated Committee, Joint Fur	ndraising Representativ	e, or Leadership PAC Spons
4.			FEC ID number	C
			FEC ID number	C
3.			FEC ID number	C
1				C

# Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

Page \_\_\_\_ **of** \_\_\_\_\_

or(h). <b>Joint Fundrais</b>	ing Participant:			
1.			FEC ID number	C
2.			FEC ID number	C
3.			FEC ID number	C
			FEC ID number	С
4.				
			draising Representati	ve, or Leadership PAC Sponsor
National Republ	can Senatorial Co	ommittee 		
Mailing Address	425 2nd Street, N.E	i.		
Mailing Address				
	Washington		, DC	20002-4914
Polosia della	Washington			
Relationship:		CITY A	STATE 4	XIP CODE ▲
Connec	ed Organization Af	filiated Committee	int Fundraising Represer	ntative Leadership PAC Spons
		phone number – optional)	Translationing Hopreson	Laure Lauren Price Spenis
Designated Agent: Ident				
Designated Agent: Ident				
Designated Agent: Ident				
Designated Agent: Ident		ohone number – optional)		
Designated Agent: Ident	ify by name, address (p		STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page \_\_\_\_ **of** \_\_\_\_

h). <b>Joint Fundraisin</b>	•		
1.		FEC ID number	C
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4.		FEC ID number	С
ame of Any Connected	Organization, Affiliated Committee, Joint Fundr	aisina Renresentative	e or Leadershin PAC Snon
Georgia Victory C			
Mailing Address	138 Conant St		
	c/o Red Curve Solutions		
	Beverly	MA	01915-1665
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
		Fundraising Representa	Leadership PAC Sp
	Affiliated Committee   Joint  by name, address (phone number – optional)	Fundraising Representa	Leadership PAC Sp
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esignated Agent: Identify Full Name Mailing Address	by name, address (phone number – optional)  CITY		
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Full Name	ries: List all banks or other depositories in which	STATE A	ZIP CODE A
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FEC Form 1S (Revised 02/2017)

# Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page \_\_\_\_ **of** \_\_\_\_\_

h). <b>Joint Fundraisi</b>		FEC ID number	C
2.		FEC ID number	С
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	Organization, Affiliated Committee, Joint Fundr	raising Representative	e, or Leadership PAC Spon
Win In 2020	<u> </u>		
	<u> </u>		
	320 1st St SE		
Mailing Address			
	Washington		20003-1838
51	Washington	DC DC	
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Affiliated Committee	t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif		t Fundraising Representa	Leadership PAC Sp
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esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION   anks or Other Deposito	fy by name, address (phone number – optional)  CITY   CITY   Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
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