



2026 REPUBLICAN QUALIFYING PROCESS

<u>Dates</u>	<u>Hours Open</u>	<u>Location & Room #</u>
Monday, March 2 nd	9:00am – 5:00pm	Georgia State Capitol
Tuesday, March 3 rd	8:00am – 5:00pm	206 Washington St
Wednesday, March 4 th	8:00am – 5:00pm	Atlanta, GA 30334
Thursday, March 5 th	8:00am – 5:00pm	Room 216
Friday, March 6 th	8:00am – 12:00pm	

Qualifying will take place at the State Capitol for the following Offices:

U.S. Senator	Public Service Commissioner – Districts 3 & 5
U.S. Representative	Commissioner of Agriculture
Governor	Commissioner of Insurance
Lieutenant Governor	Commissioner of Labor
Secretary of State	State Senator
Attorney General	State Representative
State School Superintendent	District Attorney

Website for SOS Election Candidate Qualifying Page: Click [HERE](#) for Website page.
Lots of helpful information available

Required Documents and Forms:

- Valid Government Issued Photo I.D. be presented at Check In Table and at the Notary Table:**
Driver's License or U.S. Passport
- Completed Declaration of Candidacy and Affidavit:** *We have blanks if you did not complete the form*
 - Federal Candidates Click [HERE](#) for Declaration
 - State Candidates Click [HERE](#) for Declaration
 - GAGOP Oath We will provide the form when we notarize your paperwork
If you are sending a representative, please email karen@gagop.org to request the Oath form
- Form of Payment:** Certified Check, Cashier's Check or Money Order (*No Cash or Credit Cards accepted*)
Checks should be made payable to: **Georgia Republican Party, Inc**
- Filing Fees:** **

\$5,220.00 - U.S. Senator	\$3,934.70 - Public Service Commissioner
\$5,220.00 - U.S. Representative	\$3,911.82 - Commissioner of Insurance
\$5,549.78 - Governor	\$3,779.63 - Commissioner of Agriculture
\$3048.28 - Lieutenant Governor	\$3,929.94 – Commissioner of Labor
\$3,859.11 - Secretary of State	\$ 400.00 - State Senator
\$4,475.07 - Attorney General	\$ 400.00 - State Representative
\$3,998.10 - State School Superintendent	\$3,974.19 - District Attorney

**** In the event that a candidate pays his or her qualifying fee with a check that is subsequently returned for insufficient funds, the Secretary of State shall automatically find that such candidate has not met the qualifications for holding the office being sought, unless the bank, credit union, or other financial institution returning the check certifies in writing by an officer's or director's oath that the bank, credit union, or financial institution erred in returning the check.**

5. **Qualifying In Person:** you **will** need to bring a completed Declaration of Candidacy & Affidavit. **PLEASE PRINT LEGIBLY**. If you do not bring one, you will be able to complete one at the Check In station. You do not need to have it pre-notarized, we will have notaries on site at qualifying.
6. **Qualifying by a Representative:** You must send an email to karen@gagop.org to notify her that you will be sending a representative to file your qualifying paperwork on your behalf. You will need to bring the signed representative letter by the candidate authorizing you to file on their behalf along with both the Declaration of Candidacy and Affidavit and the Georgia Republican Party Oath Statement both completed in full, signed and notarized and a check for the qualifying fee.

Stations – 3 Step Process:

1. **Check In:** Present your Government issued photo I.D., Declaration of Candidacy and Affidavit Form and Check made Payable to Georgia Republican Party for correct qualifying fee. We will verify your voter registration in SOS software and enter your data into the software. If you did not bring a completed Declaration, we will have you complete it while you are at the check in desk. We will then print a summary report for you to review and sign.
 - * *Declaration of Candidacy and Affidavit – completed, **Do Not Sign until you are in front of a Notary***
 - * *Summary Print Out page - signed*
2. **Notary:** You will sign all documents in front of the notary and have them notarized. You will also present your check to pay the qualifying fee to confirm correct amount:
 - * *Present Government issued photo I.D.*
 - * *Declaration of Candidacy and Affidavit*
 - * *Georgia Republican Party Oath*
 - * *Pay Qualifying Fee*
3. **Copier:** You will receive a photocopy of all your documents and your check for your qualifying fee.

GA Secretary of State Website: Go to www.sos.ga.gov before you leave the Capitol to confirm your name appears as a qualified candidate.

State Ethics: If you are a new candidate for the first time, please stop by the State Ethics table outside of the doors in the hallway for information on registering with them. ***Before accepting or expending campaign funds you must file a Declaration of Intent (DOI) with the State Ethics.***
Please click [HERE](#) for more information and the online filing form.

If you have any questions, please email Karen Hentschel at the Georgia Republican Party – karen@gagop.org



REGISTRATION FOR A POLITICAL PARTY COMMITTEE

State Ethics Commission

POLITICAL PARTY COMMITTEE

Filer

Georgia Republican Party, Inc.
(101725)

Submitted On

01/07/2026 09:20 am

Amendment Submitted On

02/05/2026 10:04 am

SECTION 1: Non-Candidate Committee Information

Committee Type	Political Party Committee
Registration Year	2026
Committee Name	Georgia Republican Party, Inc.
Abbreviated Committee Name	
Address	PO Box 550008, Atlanta, GA 30355
Committee Email	karen@gagop.org
Committee Phone	(404) 257-5559

SECTION 2: Political Party Committee Information

Filing Cycle	2026 Candidate/Committee Filing Cycle
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SECTION 3: Chairperson Information

Chairperson Name	Joshua R McKoon
Mailing Address	PO Box 550008, Atlanta, GA 30355
Chairperson Email	josh@gagop.org

SECTION 4: Treasurer Information

Treasurer Name	Laurie L McClain
Mailing Address	PO Box 550008, Atlanta, GA 30355
Treasurer Email	laurie@gagop.org

I, Karen Hentschel, do hereby swear (or affirm) that the foregoing information is complete, true, and correct to the best of my knowledge and belief pursuant to O.C.G.A. §§ 21-5-1, et. seq.; and 16-10-20.

January 07, 2026

Date

Karen Hentschel

Signature of Person Registering Committee



REGISTRATION FOR A POLITICAL PARTY COMMITTEE

State Ethics Commission

POLITICAL PARTY COMMITTEE

Filer

Georgia Republican Party, Inc.
(101725)

Submitted On

01/07/2026 09:20 am

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Amendment Summary

Version	Amended Date	Field	Original Value	New Value
No Records Found.				

FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

Georgia Republican Party Inc.

ADDRESS (number and street) PO Box 550008

(Check if address is changed)

Atlanta CITY ▲ GA STATE ▲ 30355-2508 ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS (Check if address is changed) karen@gagop.org

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) www.gagop.org

2. DATE 06 / 13 / 2024

3. FEC IDENTIFICATION NUMBER C C00150672

4. 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.

Type or Print Name of Treasurer McClain, Laurie, L, ,

Signature of Treasurer McClain, Laurie, L, , Date 06 / 13 / 2024

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

5. TYPE OF COMMITTEE:

Candidate Committee:

- (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. (Complete the candidate information below.)

Name of Candidate _____

Candidate Party Affiliation Office Sought: House Senate President State District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

Party Committee:

- (d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected 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 segregated fund or party committee. (i.e., nonconnected committee)

In addition, this committee is a Lobbyist/Registrant PAC.

In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

- (g) This committee is an independent expenditure-only political committee (Super PAC).

In addition, this committee is a Lobbyist/Registrant PAC.

- (h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).

In addition, this committee is a Lobbyist/Registrant PAC.

Joint Fundraising Representative:

- (i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. _____

2. _____

C _____

C _____

Write or Type Committee Name

Georgia Republican Party Inc.

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Trump Victory

Mailing Address

c/o Red Curve Solutions

138 Conant Street, 2nd Floor

Beverly

MA

01915-1666

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship: Connected Organization Affiliated Organization Joint Fundraising Representative Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

Hentschel, Karen, , ,

Mailing Address

3095 Balearic Dr SE

Marietta

GA

30067-5403

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Custodian of Records

Telephone number

770

363

4569

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer

McClain, Laurie, L, ,

Mailing Address

1941 Shadwell Way

Lawrenceville

GA

30043-4910

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Treasurer

Telephone number

770

841

1100

Full Name of Designated Agent

McClain, Laurie, L, ,

Mailing Address

1941 Shadwell Way

Lawrenceville

GA

30043-4910

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Treasurer

Telephone number

770

841

1100

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Synovus

Mailing Address

10446 Alpharetta Street

Roswell

GA

30075

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Synovus Bank

Mailing Address

10446 Alpharetta Street

Roswell

GA

30076

CITY ▲

STATE ▲

ZIP CODE ▲

FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: F1A
Transaction ID :

We are amending our Form 1 Statement of Organization to correctly report the Type of Committee for the Georgia Republican Party on Line 5. We corrected our report to show us a Political Party on Line 5(d) instead of a Candidate Committee on Line 5(b).

Form/Schedule:
Transaction ID:

5(g) or (h). **Joint Fundraising Participant:**

1.	<input type="text"/>	FEC ID number	<input type="text" value="C"/>
2.	<input type="text"/>	FEC ID number	<input type="text" value="C"/>
3.	<input type="text"/>	FEC ID number	<input type="text" value="C"/>
4.	<input type="text"/>	FEC ID number	<input type="text" value="C"/>

6. **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

Mailing Address

Relationship: CITY ▲ STATE ▲ ZIP CODE ▲

Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name

Mailing Address

TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Telephone Number - -

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

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1.	<input type="text"/>	FEC ID number	<input type="text" value="C"/>
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4.	<input type="text"/>	FEC ID number	<input type="text" value="C"/>

6. **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

Perdue Victory Inc.

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name

Mailing Address

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Mailing Address

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

CITY ▲ STATE ▲ ZIP CODE ▲

8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name

Mailing Address

TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲

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6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Georgia Victory Committee

Mailing Address

 -

Relationship: CITY ▲ STATE ▲ ZIP CODE ▲

Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

8. Designated Agent: Identify by name, address (phone number – optional)

Full Name

Mailing Address

TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Telephone Number - -

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Mailing Address

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CITY ▲ STATE ▲ ZIP CODE ▲

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4.	<input type="text"/>	FEC ID number	<input type="text" value="C"/>

6. **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

Win In 2020

Mailing Address

Relationship: CITY ▲ STATE ▲ ZIP CODE ▲

Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name
Mailing Address

TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲
 Telephone Number --

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Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

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Mailing Address

Relationship: CITY ▲ STATE ▲ ZIP CODE ▲

Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

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Full Name

Mailing Address

TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲

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6. **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

Mailing Address

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

CITY ▲ STATE ▲ ZIP CODE ▲

8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name

Mailing Address

TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲

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FEC ID number

FEC ID number

FEC ID number

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Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

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1. _____

2. _____

3. _____

4. _____

FEC ID number C _____

6. **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

Targeted State Victory

Mailing Address 310 1st St SE

Washington DC 20003-1885

Relationship: CITY ▲ STATE ▲ ZIP CODE ▲

Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name _____

Mailing Address _____

TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Telephone Number _____-_____-_____

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Mailing Address _____

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Mailing Address

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Mailing Address

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Mailing Address

Relationship:

Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

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Full Name

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Full Name

Mailing Address

TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Telephone Number

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

5(g) or (h). **Joint Fundraising Participant:**

1.	<input type="text"/>	FEC ID number	<input type="text" value="C"/>
2.	<input type="text"/>	FEC ID number	<input type="text" value="C"/>
3.	<input type="text"/>	FEC ID number	<input type="text" value="C"/>
4.	<input type="text"/>	FEC ID number	<input type="text" value="C"/>

6. **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

Mailing Address

Relationship: CITY ▲ STATE ▲ ZIP CODE ▲

Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name

Mailing Address

TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Telephone Number --

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲