

4200600078

Georgia Government Transparency & Campaign Finance Commission REGISTRATION FORM FOR A COMMITTEE OTHER THAN A CANDIDATE'S FORM RO

INCOMPLETE FORMS WILL NOT BE PROCESSED • (if form is handwritten, it must be legible)

1	Today's Date <u>8/30/18</u>	Registration Year <u>2018</u>	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Amended									
2	Type of Committee (check one) <table style="width: 100%; margin-top: 5px;"> <tr> <td><input type="checkbox"/> Political Party</td> <td><input type="checkbox"/> Political Action Committee</td> <td><input type="checkbox"/> Statewide Referendum</td> </tr> <tr> <td><input type="checkbox"/> Individual</td> <td><input type="checkbox"/> Independent Committee</td> <td><input type="checkbox"/> Constitutional Amendment</td> </tr> <tr> <td><input type="checkbox"/> Corporation</td> <td><input type="checkbox"/> Recall Committee (Provide information below)</td> <td><input checked="" type="checkbox"/> County or Municipal Ballot Question</td> </tr> </table> Public Officer _____ Office Held _____ Year Of Last Election _____			<input type="checkbox"/> Political Party	<input type="checkbox"/> Political Action Committee	<input type="checkbox"/> Statewide Referendum	<input type="checkbox"/> Individual	<input type="checkbox"/> Independent Committee	<input type="checkbox"/> Constitutional Amendment	<input type="checkbox"/> Corporation	<input type="checkbox"/> Recall Committee (Provide information below)	<input checked="" type="checkbox"/> County or Municipal Ballot Question
<input type="checkbox"/> Political Party	<input type="checkbox"/> Political Action Committee	<input type="checkbox"/> Statewide Referendum										
<input type="checkbox"/> Individual	<input type="checkbox"/> Independent Committee	<input type="checkbox"/> Constitutional Amendment										
<input type="checkbox"/> Corporation	<input type="checkbox"/> Recall Committee (Provide information below)	<input checked="" type="checkbox"/> County or Municipal Ballot Question										
3	Committee (Full Name), <u>Invest In Habersham</u> Address <u>4 Tim Lee PO Box 366 366</u> City, State, Zip <u>Cornelia GA 30531</u> Telephone Number (optional), <u>770-846-7340</u> Email <u>tlee@selecthabersham.com</u>											
4	Committee Affiliation (if any)											
5	Chairperson (full name), <u>Brian Horton</u> Address <u>PO Box 366</u> City, State, Zip <u>Cornelia GA 30531</u> Email <u>brian.horton@southstatebank.com</u>											
6	Treasurer (full name), <u>Michael Mixon</u> Address <u>PO Box 366</u> City, State, Zip <u>Cornelia GA 30531</u> Email <u>Mike@mixonpc.com</u>											

I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE.



Signature of Person Registering Committee

8/30/18

Date

CCDR Electronic Filing Access Code

SEP 05 2018

OTHER THAN A CANDIDATE COMMITTEE

42006000278

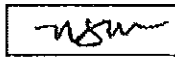
Georgia Government Transparency and Campaign Finance Commission
200 Piedmont Ave S E
Suite 1402 - West Tower
Atlanta, GA 30334

PERSONAL IDENTIFICATION NUMBER APPLICATION

INCOMPLETE FORMS WILL NOT BE PROCESSED • If form is handwritten, it must be legible

Non Candidate Committee's Identification Please Print

Select Form Type. Original Amended
Committee Name Invest In Habersham
Address Po Box 366
City, State, Zip Cornelia GA 30531
Contact Phone 770-846-7340 Alternate Phone _____
Email Address tlee@selvathabersham.com



Initial

I understand that with the filing of this application a password (PIN) for the Campaign Contribution Disclosure Report (CCDR) ONLY will be sent to my above email address

I understand this confidential PIN number assigned to the above Non Candidate Committee and only the Commission staff and the listed filer will have access to this confidential number

Verification Must Be Notarized

State of Georgia County of Habersham

FILER: I, the undersigned filer do hereby swear or affirm that the information in this application is complete, true, and correct to the best of my knowledge and belief I acknowledge that any report I submit electronically in the future I shall verify as complete, true, and correct to the best of my knowledge and belief

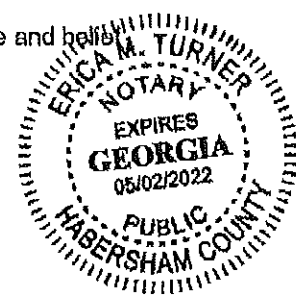
SIGNATURE OF FILER 

NOTARY PUBLIC (SIGN NAME) Erica M. Turner

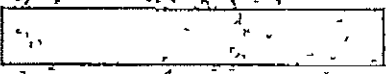
PRINT NOTARY'S NAME. Erica M. Turner

My Commission Expires 05/02/2022

This document was sworn to or affirmed and subscribed before me on August 30, 2018



For Office Use Only

Filer ID: 

Approved By: _____ Date: _____

Campaign Contribution Disclosure Report Ballot Measure
Georgia Government Transparency and Campaign Finance Commission

200 Piedmont Avenue S E | Suite 1402 West Tower | Atlanta, GA 30334
 404-463-1980 | www.ethics.ga.gov

<p>1 Report Type <small>(Select One)</small></p> <p><input checked="" type="checkbox"/> Original</p> <p><input type="checkbox"/> Amendment</p> <p>Amendment #: _____</p>	<p>2. Name of proposed Constitutional Amendment, Statewide Referendum, or Ballot Question in any County or Municipal Election:</p> <p align="center"><u>Habersham County TSPLOST</u></p> <p align="center"><small>(Include county or municipality in case of local ballot question)</small></p> <p>Filer ID: _____ <small>(Filer ID that begins with the letter "NC")</small></p>	<p>Use Earliest of Post Mark or Hand Delivered Date</p> <div style="border: 2px solid black; padding: 5px; text-align: center;"> <p>RECEIVED</p> <p>Jul 22 2018</p> <p>02006000278</p> </div>
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3 Identifying and Contact Information

(1) Habersham County TSPLOST Roads & Bridges (2) 10/22/18
Full Name of Candidate or Other Than Candidate Campaign Committee Today's Date

(3) P.O. Box 366 Cornelia GA 30531
Mailing Address City State Zip Code

(4) 706-846-7340 and/or _____
Primary Contact Phone Number E-Mail

(5) Brian Horton | Mike Mixon
Name of Committee Chairperson Name of Committee Treasurer

4. Period for which you are Reporting **Year of Election** _____

You Must Check Only One Box

<p align="center">Constitutional Amendment or Statewide Referendum</p> <p><input type="checkbox"/> 75 days before Date of Election _____ (year)</p> <p><input type="checkbox"/> 45 days before Date of Election _____ (year)</p> <p><input type="checkbox"/> 15 days before Date of Election <u>2018</u> (year)</p> <p><input type="checkbox"/> Prior to December 31 _____ (year)</p>	<p align="center">County or Municipal Ballot Question</p> <p><input checked="" type="checkbox"/> 15 days before Date of Election <u>2018</u> (year)</p> <p><input type="checkbox"/> Prior to December 31 _____ (year)</p>
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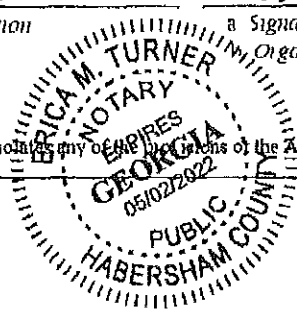
State of Georgia County of Habersham

I, Michael Mixon being duly sworn (affirm), depose and say that the information in this report form is complete, true, and correct. Further, I affirm that the contents in this report are the same as the contents in the electronic filing submitted if also electronically filed.

Sworn to and subscribed before me on October 22, 2018

Eric M. Turner 5/2/2022 Mixon
Signature of Notary Public Commission Expiration Signature of Candidate
Organization/Chairperson/Treasurer

(Any person who knowingly fails to comply with or who knowingly violates any of the provisions of the Act shall be guilty of a misdemeanor.)



**State of Georgia
Campaign Contribution Disclosure Report
Summary Report**

CONTRIBUTIONS RECEIVED

1	<input type="checkbox"/> I have no contributions to report <input checked="" type="checkbox"/> I have the following contributions, including Common Source to report	In-Kind Estimated Value	Cash Amount
2	A If this is the first time to file a disclosure report for the current office sought, ENTER 0 in both columns (one time only), or B If this is the first report of this Election Cycle*, ENTER 0 in the in-kind column and list any net balance on hand brought forward from the previous election cycle in the cash amount column (Line 15 of previous report or total funds left over at year end of previous cycle), or C If this filing is the second or subsequent filing of this Election Cycle list totals from Line 6 of previous report in both the in-kind and cash amount columns	- 0 -	- 0 -
3	Total amount of all itemized contributions received in this reporting period which is listed on the "Itemized Contributions" page	750	- 0 -
3a	All loans received this reporting period		- 0 -
3b	Interest earned on campaign account this reporting period		- 0 -
3c	Total amount of investments sold this reporting period		- 0 -
3d	Total amount of cash dividends and interest paid out this reporting period		- 0 -
4	Total amount of all separate contributions of \$100 or less received in this reporting period and not listed on the "Itemized Contributions" page "Common Source" contributions must be aggregated on the "Itemized Contributions" page	- 0 -	100
5	Total contributions reported this period (Line 3 + 3a + 3b + 3c + 3d + 4)	750	100
6	Total contributions to date Total to be carried forward to next report of this election cycle* (Line 2 + 5)	750	100

EXPENDITURES MADE

7	<input checked="" type="checkbox"/> I have no expenditures to report <input type="checkbox"/> I have the following expenditures to report	- 0 -	- 0 -
8	Total expenditures made and reported prior to this reporting period If this is the A First report of this Election Cycle ENTER 0 B Second or subsequent filing ENTER Line 12 of previous report	- 0 -	- 0 -
9	Total amount of all itemized expenditures made in this reporting period which are listed on the "Itemized Expenditures" page	- 0 -	- 0 -
10	Total amount of all separate expenditures of \$100.00 or less that were made in this reporting period and not listed on the "Itemized Expenditures" page	- 0 -	- 0 -
11	Total expenditures reported this period (Line 9 + 10)	- 0 -	- 0 -
12	Total expenditures to date Total to be carried forward to next report of this election cycle* (Line 8 + 11)	- 0 -	- 0 -

INVESTMENTS

13	Total value of investments held at the beginning of this reporting period		- 0 -
14	Total value of investments held at the end of this reporting period		- 0 -

TOTAL NET BALANCE ON HAND

15	Net balance on hand (Line 6 - 12 - 14)		100
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* O.C.G.A. 21-5-3(10) Election cycle means the period from the day following the date of an election or appointment of a person to elective public office through and of the next such election of a person to the same public office and shall be construed and applied separately for each elective office including the date

**State of Georgia
Campaign Contribution Disclosure Report
Itemized Contributions**

Must list contributions received by a single contributor for which the aggregate total more than \$100.00
Note: Loans are no longer reported in "Itemized Contributions" section. See Loan Reporting section below.

Full Name of Contributor Mailing Address (Affiliation of Committee if any)	Contributor		Election Cycle**	Cash Amount	In-Kind Contributions Estimated Value Description
	Received Date	Occupation & Employer			
	Contribution Type*	Employer			
First Name - Business Name	Date	Occupation	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt	Est Value
	Last Name				
Address	<input type="checkbox"/> Monetary <input checked="" type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer	Ballot	-0-	750
Address2					
City					Ads
State					
Zip					
Aff Comm					
First Name - Business Name	Date	Occupation	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt	Est Value
	Last Name				
Address	<input type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer			
Address2					
City					
State					
Zip					
Aff Comm					
First Name - Business Name	Date	Occupation	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt	Est Value
	Last Name				
Address	<input type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer			
Address2					
City					
State					
Zip					
Aff Comm					

Itemized Contributions Page Total \$ -0- s 750