

**Statement of Organization  
Recipient Committee**

Statement Type

<input type="checkbox"/> <b>Initial</b> <input type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met ____/____/____	<input checked="" type="checkbox"/> <b>Amendment</b> Date qualification threshold met <u>06</u> / <u>23</u> / <u>1994</u>	<input type="checkbox"/> <b>Termination – See Part 5</b> Date of termination ____/____/____
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Date Stamp  
**RECEIVED AND FILED**  
in the office of the Secretary of State  
of the State of California  
**DEC 15 2021**

**CALIFORNIA FORM 410**  
For Official Use Only  
**COUNTY OF EL DORADO RECEIVED DEC 22 2021**  
EL DORADO, CA

<b>1. Committee Information</b>				<b>2. Treasurer and Other Principal Officers</b>			
I.D. Number <b>941877</b> <small>(if applicable)</small>				NAME OF TREASURER <b>Joe Harn</b>			
NAME OF COMMITTEE <b>Committee to Elect Joe Harn El Dorado County Auditor-Controller, 2022</b>				STREET ADDRESS (NO P.O. BOX) <b>3340 Rolls Drive</b>			
STREET ADDRESS (NO P.O. BOX) <b>3340 Rolls Drive</b>				CITY <b>Cameron Park</b>	STATE <b>CA</b>	ZIP CODE <b>95682</b>	AREA CODE/PHONE <b>530-556-0999</b>
CITY <b>Cameron Park</b>	STATE <b>CA</b>	ZIP CODE <b>95682</b>	AREA CODE/PHONE <b>530-556-0999</b>	NAME OF ASSISTANT TREASURER, IF ANY			
FULL MAILING ADDRESS (IF DIFFERENT)				STREET ADDRESS (NO P.O. BOX)			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) <b>joeharnathome@yahoo.com</b>				CITY	STATE	ZIP CODE	AREA CODE/PHONE
COUNTY OF DOMICILE <b>El Dorado</b>	JURISDICTION WHERE COMMITTEE IS ACTIVE <b>El Dorado County</b>			NAME OF PRINCIPAL OFFICER(S)			
<i>Attach additional information on appropriately labeled continuation sheets.</i>				STREET ADDRESS (NO P.O. BOX)			
				CITY	STATE	ZIP CODE	AREA CODE/PHONE

**3. Verification**

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 12-10-2021 By Joe Harn  
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 12-10-2021 By Joe Harn  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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INSTRUCTIONS ON REVERSE

Page 2

I.D. NUMBER

COMMITTEE NAME

Committee to Elect Joe Harn El Dorado County Auditor-Controller, 2022

- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION

El Dorado Savings Bank

AREA CODE/PHONE

530-622-1492

BANK ACCOUNT NUMBER

113033880

ADDRESS

4040 El Dorado Road

CITY

Placerville

STATE

CA

ZIP CODE

95667

**4. Type of Committee** Complete the applicable sections.

**Controlled Committee**

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan." Stating "No party preference" is acceptable
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE		(list political party below)
			Nonpartisan	Partisan	

**Primarily Formed Committee**

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE