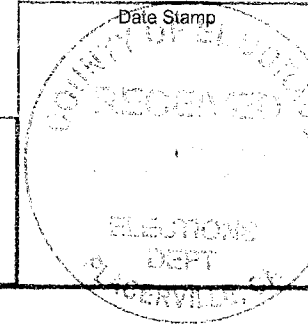


Recipient Committee
Campaign Statement
Cover Page



Statement covers period
from 01/01/2021
through 06/30/2021

Date of election if applicable:
(Month, Day, Year)
June 2018

Page 1 of 1
For Official Use Only

SEE INSTRUCTIONS ON REVERSE

Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

Officeholder, Candidate Controlled Committee
 State Candidate Election Committee
 Recall
(Also Complete Part 5)

General Purpose Committee
 Sponsored
 Small Contributor Committee
 Political Party/Central Committee

Primarily Formed Ballot Measure Committee
 Controlled
 Sponsored
(Also Complete Part 6)

Primarily Formed Candidate/Officeholder Committee
(Also Complete Part 7)

2. Type of Statement:

Preelection Statement
 Semi-annual Statement
 Termination Statement
(Also file a Form 410 Termination)
 Amendment (Explain below)

Quarterly Statement
 Special Odd-Year Report

Committee Information

I.D. NUMBER
941877

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Committee to Elect Joe Harn El Dorado County Auditor-Controller 2018

STREET ADDRESS (NO P.O. BOX)
[REDACTED]

AREA CODE/PHONE
530-556-0999

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS
joeharnathome@yahoo.com

Treasurer(s)

NAME OF TREASURER
Joe Harn

MAILING ADDRESS
Same

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Verification

I have used all reasonable diligence in preparing and reviewing this statement and certify under penalty of perjury under the laws of the State of California that the information herein and in the attached schedules is true and complete. I

Executed on 7-24-2021 Date
[REDACTED] Treasurer

Executed on _____ Date
[REDACTED] Proponent or Responsible Officer of Sponsor

Executed on 7-29-2021 Date
[REDACTED] State Measure Proponent

Executed on _____ Date
By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent

Recipient Committee
Campaign Statement
Cover Page — Part 2

COVER PAGE - PART 2

CANDIDATE
 COMMITTEE
 Page 2 of 2

Officerholder or Candidate Controlled Committee

NAME OF OFFICERHOLDER OR CANDIDATE

Joe Harn

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

El Dorado County Auditor-Controller

RESIDENTIAL ADDRESS (NO P.O. BOX)



Related Committee Not Included in this Statement: *List any committees not included in this statement that are controlled by you or are primarily formed to resolve contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME ID NUMBER

NAME OF OFFICERHOLDER CONTROLLED COMMITTEE

YES NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME ID NUMBER

NAME OF OFFICERHOLDER CONTROLLED COMMITTEE

YES NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER

JURISDICTION

SUPPORT
 OPPOSE

Identify the controlling officerholder, candidate, or state measure proponent, if any.

NAME OF OFFICERHOLDER, CANDIDATE, OR PROPOSER

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officerholder Committee *List names of officerholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICERHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

SUPPORT
 OPPOSE

NAME OF OFFICERHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

SUPPORT
 OPPOSE

NAME OF OFFICERHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

SUPPORT
 OPPOSE

NAME OF OFFICERHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

SUPPORT
 OPPOSE

Attach continuation sheets if necessary

**ampaign Disclosure Statement
Summary Page**

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>01/01/2021</u>	CALIFORNIA FORM 460
through <u>06/30/2021</u>	
Page <u>5</u> of <u>7</u>	I.D. NUMBER <u>941877</u>

INSTRUCTIONS ON REVERSE
NAME OF FILER

Committee to Elect Joe Harn El Dorado County Auditor-Controller 2018

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
Monetary Contributions..... Schedule A, Line 3	\$ <u>3,000</u>	\$ <u>3,000</u>
Loans Received..... Schedule B, Line 3		
SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2	\$ <u>3,000</u>	\$ <u>3,000</u>
Nonmonetary Contributions..... Schedule C, Line 3		
TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4	\$ <u>3,000</u>	\$ <u>3,000</u>

**Calendar Year Summary for Candidates
Running in Both the State Primary and
General Elections**

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

Expenditures Made

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
Payments Made..... Schedule E, Line 4	\$ <u>1,815</u>	\$ <u>1,815</u>
Loans Made..... Schedule H, Line 3		
SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7	\$ <u>1,815</u>	\$ <u>1,815</u>
Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3		
Nonmonetary Adjustment..... Schedule C, Line 3		
TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10	\$ <u>1,815</u>	\$ <u>1,815</u>

**Expenditure Limit Summary for State
Candidates**

22. Cumulative Expenditures Made*
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
____/____/____	\$ _____
____/____/____	\$ _____

Current Cash Statement

Beginning Cash Balance..... Previous Summary Page, Line 16	\$ <u>8,329</u>
Cash Receipts..... Column A, Line 3 above	<u>3,000</u>
Miscellaneous Increases to Cash..... Schedule I, Line 4	
Cash Payments..... Column A, Line 8 above	<u>1,815</u>
ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>9,514</u>

If this is a termination statement, Line 16 must be zero.

LOAN GUARANTEES RECEIVED..... Schedule B, Part 2	\$ _____
--	----------

Cash Equivalents and Outstanding Debts

Cash Equivalents..... See instructions on reverse	\$ <u>9,514</u>
Outstanding Debts..... Add Line 2 + Line 9 in Column B above	\$ <u>10,000</u>

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

*Amounts in this section may be different from amounts reported in Column B.

**Schedule A
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period from <u>01/01/2021</u> through <u>06/30/2021</u>	CALIFORNIA FORM 460
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INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee to Elect Joe Harn El Dorado County Auditor-Controller 2018

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/12	Larry Gualco [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lennar Communities	1,500		
01/12	Thomas P Winn [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Winn Communities	1,500		
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$						

Schedule A Summary

Amount received this period -- itemized monetary contributions.
(Include all Schedule A subtotals.)\$ 3,000

Amount received this period -- unitemized monetary contributions of less than \$100\$ _____

Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.).....TOTAL \$ 3,000

*Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

Statement covers period from <u>01/01/2021</u> through <u>06/30/2021</u>	CALIFORNIA FORM 460
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INSTRUCTIONS ON REVERSE
PAGE OF FILER

Committee to Elect Joe Harn El Dorado County Auditor-Controller 2018

INSTRUCTIONS: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|---|---|---|
| P campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| S campaign consultants | MTG meetings and appearances | RFD returned contributions |
| B contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| C civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| D fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| I independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| J legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
EDC Republican Central Committee [REDACTED]		Table at Fundraiser	600
EDC Chamber of Commerce [REDACTED]		Membership	152
EDH Rotary Club [REDACTED]		Donation	100

Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 852

Schedule E Summary

Itemized payments made this period. (Include all Schedule E subtotals.)..... \$ _____

Unitemized payments made this period of under \$100..... \$ _____

Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)..... \$ _____

Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)..... **TOTAL \$ _____**

Schedule E
Continuation Sheet
Payments Made

Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from <u>01/01/2021</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee to Elect Joe Harn El Dorado County Auditor-Controller 2018

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|---|---|---|
| P campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| S campaign consultants | MTG meetings and appearances | RFD returned contributions |
| B contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| C civic donations | PEI petition circulating | TEL t.v. or cable airtime and production costs |
| candidate filing/balot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| D fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| I independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| 3 legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
El Dorado Sheriff's Posse [REDACTED]			membership	100
Wofford Acres Vineyards [REDACTED]			Wine for Livestock Auction	257
Shingle Springs/Cameron Park Chamber of Commerce [REDACTED]			Membership	148
WIX Tel Aviv-Yafo, Israel			Website	168

Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 673

**Schedule B - Part 1
Loans Received**

Amounts may be rounded
to whole dollars.

Statement covers period from <u>01/01/2021</u> through <u>06/30/2021</u>	CALIFORNIA 460 FORM
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INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee to Elect Joe Harn El Dorado County Auditor-Controller 2018

I.D. NUMBER

941877

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD [†]		(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
				<input type="checkbox"/> PAID \$ _____	<input type="checkbox"/> FORGIVEN \$ _____				
Joe Harn [REDACTED]	El Dorado County Auditor-Controller	\$ 10,000	\$ _____	<input type="checkbox"/> PAID \$ _____	<input type="checkbox"/> FORGIVEN \$ _____	\$ 10,000 n/a	0 % 0	\$ 70,000 5/30/2018	CALENDAR YEAR \$ _____ PER ELECTION ^{**} \$ _____
IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____	<input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE	_____% RATE	\$ _____ DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION ^{**} \$ _____
IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____	<input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE	_____% RATE	\$ _____ DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION ^{**} \$ _____
IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____	<input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE	_____% RATE	\$ _____ DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION ^{**} \$ _____
		SUBTOTALS \$		\$	\$	10,000	\$		

(Enter (e) on Schedule E, Line 3)

Schedule B Summary

Loans received this period	\$ 0
(Total Column (b) plus unitemized loans of less than \$100.)	
Loans paid or forgiven this period	\$ 0
(Total Column (c) plus loans under \$100 paid or forgiven.)	
(Include loans paid by a third party that are also itemized on Schedule A.)	
Net change this period. (Subtract Line 2 from Line 1.)	NET \$ 0

Enter the net here and on the Summary Page, Column A, Line 2.

(May be a negative number)

†Contributor Codes
 IND - Individual
 COM - Recipient Committee
 (other than PTY or SCC)
 OTH - Other (e.g., business entity)
 PTY - Political Party
 SCC - Small Contributor Committee

Amounts forgiven or paid by another party also must be reported on Schedule A.
 If required.