

**Statement of Organization  
Recipient Committee**

Statement Type

<input type="checkbox"/> Initial	<input checked="" type="checkbox"/> Amendment	<input type="checkbox"/> Termination – See Part 5
<input type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met	Date qualification threshold met <u>04</u> / <u>01</u> / 1994	Date of termination ____ / ____ / ____

Date Stamp

COUNTY OF EL DORADO  
RECEIVED  
DEC 30 2021  
ELECTIONS  
DEPT  
PLACER

CALIFORNIA  
FORM 410

For Official Use Only

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

**3. Verification**

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

Executed on 12-23-2021 By [REDACTED] Treasurer or Assistant Treasurer

Executed on \_\_\_\_\_ By [REDACTED] Member, Candidate, or State Measure Proponent

Executed on 12-23-2021 By [REDACTED] Member, Candidate, or State Measure Proponent

Executed on \_\_\_\_\_ By [REDACTED] Member, Candidate, or State Measure Proponent

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INSTRUCTIONS ON REVERSE

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COMMITTEE NAME <b>Committee to Elect Joe Harn El Dorado County Auditor-Controller, 2022</b>	I.D. NUMBER <b>941877</b>
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- **All committees must list the financial institution where the campaign bank account is located.**

NAME OF FINANCIAL INSTITUTION <b>El Dorado Savings Bank</b>	AREA CODE/PHONE <b>530-622-1492</b>	BANK ACCOUNT NUMBER <b>113033880</b>
ADDRESS <b>4040 El Dorado Road</b>	CITY <b>Placerville</b>	STATE <b>CA</b>
		ZIP CODE <b>95682</b>

**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		
Joe Harn	El Dorado County Auditor-Controller	2022	Nonpartisan <input checked="" type="checkbox"/>	Partisan	(list political party below)
			Nonpartisan	Partisan	(list political party below)

**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
		SUPPORT	OPPOSE