

Statement of Organization
Recipient Committee

Statement Type

☒ Initial

☐ Not yet qualified
or

☐ Date qualification threshold met

☐ Amendment

Date qualification threshold met

☐ Termination - See Part 5

Date of termination

Date Stamp

JUL 29 2024

CALIFORNIA
FORM

410

For Official Use Only

12/12/24

1. Committee Information

I.D. Number
(if applicable)

NAME OF COMMITTEE

Barbara Coler for Fairfax
Town Council 2024

STREET ADDRESS (NO P.O. BOX)

CITY

Fairfax

STATE

CA

ZIP CODE

94930

AREA CODE/PHONE

FULL MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL)

bcolercampaigntc@gmail.com

COUNTY OF DOMICILE

Marin

JURISDICTION WHERE COMMITTEE IS ACTIVE

Fairfax

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Janet Garvin

STREET ADDRESS (NO P.O. BOX)

EMAIL ADDRESS OF TREASURER (REQUIRED)

jgarvin1951@yahoo.com

NAME OF ASSISTANT TREASURER, IF ANY

Marcia Custer

STREET ADDRESS (NO P.O. BOX)

EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED)

custermf@gmail.com

NAME OF PRINCIPAL OFFICER(S)

Barbara Coler

STREET ADDRESS (NO P.O. BOX)

14 All Court Fairfax

EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED)

bcolercampaigntc@gmail.com

3. Verification

I have used all reasonable diligence in preparing
penalty of perjury under the laws of the State of

The information contained herein is true and complete. I certify under

Executed on

July 29, 2024

DATE

Executed on

July 29, 2024

DATE

Executed on

DATE

Executed on

DATE

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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INSTRUCTIONS ON REVERSE

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COMMITTEE NAME

Barbara Coler For Fairfax Town Council 2024

I.D. NUMBER

• All committees must list the financial institution where the campaign bank account is located and the person(s) authorized to obtain bank records.

NAME OF FINANCIAL INSTITUTION AND PERSON(S) AUTHORIZED TO OBTAIN BANK RECORDS

Wells Fargo Bank

AREA CODE/PHONE

[REDACTED]

BANK ACCOUNT NUMBER

[REDACTED]

ADDRESS OF FINANCIAL INSTITUTION

3 Tunstead Avenue

CITY

San Anselmo

STATE

CA

ZIP CODE

94960

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

Barbara Coler	Fairfax Town Councilmember	2024	<input checked="" type="checkbox"/> Nonpartisan	<input type="checkbox"/> Partisan	(list political party below)
			<input type="checkbox"/> Nonpartisan	<input type="checkbox"/> 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