

Statement of Organization  
Recipient Committee

Statement Type

☐ Initial

☐ Not yet qualified  
or

☐ Date qualification threshold met

☒ Amendment

Date qualification threshold met

08 / 15 / 2024

☐ Termination – See Part 5

Date of termination

RECEIVED AND FILED

Office of the Secretary of State  
of the State of California

AUG 26 2024

Date Stamp

CALIFORNIA  
FORM 410

For Official Use Only

1. Committee Information

I.D. Number 1472250

(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)

Fairfax, CA 94930

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

bcolercampaigntc@gmail.com

COUNTY OF DOMICILE

Marin

JURISDICTION WHERE COMMITTEE IS ACTIVE

Fairfax

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Janet Garvin

STREET ADDRESS (NO P.O. BOX)

CITY

Fairfax

STATE

CA

ZIP CODE

94930

AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

Marcia Custer

STREET ADDRESS (NO P.O. BOX)

CITY

Fairfax

STATE

CA

ZIP CODE

94930

AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

Barbara Coler

STREET ADDRESS (NO P.O. BOX)

CITY

Fairfax

STATE

CA

ZIP CODE

94930

AREA CODE/PHONE

Attach additional information on appropriately labeled continuation sheets.

3. Verification

I have used all reasonable diligence in preparation of this statement and I acknowledge 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 is true and complete.

Executed on 8/19/2024 By [Signature]

Executed on 8/19/2024 By [Signature]

Executed on [Date] By [Signature]

Executed on [Date] By [Signature]

I acknowledge 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 is true and complete.

TREASURER OR ASSISTANT TREASURER

OFFICER, CANDIDATE, OR STATE MEASURE PROPONENT

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

FPPC Form 410 (August/2018)

FPPC Advice: [advice@fppc.ca.gov](mailto:advice@fppc.ca.gov) (866/275-3772)

[www.fppc.ca.gov](http://www.fppc.ca.gov)

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INSTRUCTIONS ON REVERSE

CALIFORNIA  
FORM 410

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COMMITTEE NAME Barbara Coler for Fairfax Town Council 2024	I.D. NUMBER 1472250
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- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION Wells Fargo Bank	AREA CODE/PHONE 415-456-4892	BANK ACCOUNT NUMBER [REDACTED]	
ADDRESS 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	Town Council Member	2024	Nonpartisan	Partisan	(list political party below)
			<input checked="" type="checkbox"/>		
			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