Recipient Committee  Statement Type    Initial	Statement of C		Date Stamp					
Statement Type   Initial   Not yet qualified of O Date qualification threshold met Of O Date qualification threshold met	•	mittee	EIVED AND FILED					
Date qualification threshold met of O Date qualification threshold met of O Date qualification threshold met of Normation    1. Committee Information    1. D. Number    1472250	Statement Type	☐ Initial	✓ Amendment	Termination - See Pails	office of the Secretary of State	For Official Use Only		
Date qualification threshold met do at qualification threshold metados.  2. Treasurer and Other Principal Officers  NAME OF TREASURER  Janet Garvin  STREET ADDRESS (NO P.O. BOX)  STREET ADDRESS (NO P.		O Not yet qualified		0	the State of California			
1. Committee Information   I.D. Number (f) egelicable   I472250 (f) ege			Date qualification threshold met	Date of termination	AUG 2 6 2024			
NAME OF COMMITTEE  Barbara Coler for Fairfax Town Council 2024  Janet Garvin  STREET ADDRESS (NO P.O. BOX)  STREET ADDRESS (NO P.O. BOX)  CITY STATE ZIP CODE AREA CODE/PHONE Fairfax CA 94930  CITY STATE ZIP CODE AREA CODE/PHONE NAME OF ASSISTANT THEASURER, IF ANY  Fairfax CA 94930  Full Marling Address (IF DIFFERENT)  Found County of Domicile Jurisdiction where Committee is active Name of Principal Officeries)  Marin Fairfax  CA 94930  CITY STATE ZIP CODE AREA CODE/PHONE NAME OF ASSISTANT THEASURER, IF ANY  Marcia Custer  STREET ADDRESS (NO RO. BOX)  CITY STATE ZIP CODE AREA CODE/PHONE STREET ADDRESS (NO RO. BOX)  Fairfax CA 94930  COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE NAME OF PRINCIPAL OFFICER(S)  Barbara Coler  STREET ADDRESS (NO RO. BOX)		/	08 / 15 / 2024	/				
NAME OF TREASURER  Barbara Coler for Fairfax Town Council 2024  STREET ADDRESS (NO P.O. BOX)  STREET ADDRESS (NO P.O. BOX)  CITY STATE ZIP CODE AREA CODE/PHONE Fairfax CA 94930  CITY STATE ZIP CODE AREA CODE/PHONE NAME OF ASSISTANT TREASURER, IF ANY Marcia Custer  FULL MAILING ADDRESS (IF DIFFERENT)  E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) DOOLercampaignto@gmail.com  COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE NAME OF PRINCIPAL OFFICER(S)  Marin Fairfax  Barbara Coler  STREET ADDRESS (NO P.O. BOX)	1. Committee		er 1472250	2. Treasurer and	Other Principal Officers			
STREET ADDRESS (NO P.O. BOX)  CITY STATE 21P CODE AREA CODE/PHONE Fairfax CA 94930  CITY STATE 21P CODE AREA CODE/PHONE MAME OF ASSISTANT TREASURER, IF ANY Marcia Custer  FULL MAILLING ADDRESS (IN DIFFERENT)  E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)  COUNTY OF DOMICILE MAIN HERE COMMITTEE IS ACTIVE NAME OF PRINCIPAL OFFICER(S)  Marin Fairfax CA 94930  COUNTY OF DOMICILE STREET ADDRESS (NO P.O. BOX)  FAIRFAX CA 94930  COUNTY OF DOMICILE STREET ADDRESS (NO P.O. BOX)  STREET ADDRESS (NO P.O. BOX)  FAIRFAX CA 94930  COUNTY OF DOMICILE STREET ADDRESS (NO P.O. BOX)  STREET ADDRESS (NO P.O. BOX)  FAIRFAX CA 94930  COUNTY OF DOMICILE STREET ADDRESS (NO P.O. BOX)  STREET ADDRESS (NO P.O. BOX)				NAME OF TREASURER				
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FULL MAILING ADDRESS (IF DIFFERENT)  STREET ADDRESS (NO P.O. BOX)  E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)  bcolercampaigntc@gmail.com  COUNTY OF DOMICILE  Marin  Fairfax  JURISDICTION WHERE COMMITTEE IS ACTIVE  Marin  STREET ADDRESS (NO P.O. BOX)  CITY  STATE  ZIP CODE  AREA CODE/PHONE  Fairfax  CA 94930  NAME OF PRINCIPAL OFFICER(S)  Barbara Coler  STREET ADDRESS (NO P.O. BOX)				1	R, IF ANY			
Fairfax, CA 94930  E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)  bcolercampaigntc@gmail.com  county of domicile  Marin  Fairfax  CA 94930  CA 94930  STREET ADDRESS (NO P.O.			930					
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) bcolercampaigntc@gmail.com  COUNTY OF DOMICILE  Marin  Fairfax  CA 94930  CA 94930  CA 94930  STREET ADDRESS (NO P.O.)	FULL MAILING ADDRESS (I			STREET ADDRESS (NO P.O. BOX)				
bcolercampaigntc@gmail.com  county of domicile  Marin  Fairfax  Fairfax  CA 94930  NAME OF PRINCIPAL OFFICER(S)  Barbara Coler  STREET ADDRESS (NO P.O.)	C MAIL ADDRESS (REQUIRE			CITY	CYATC	710 CODE AREA CODE/BUONE		
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Attach additional information on appropriately labeled continuation sheets.	Attach additiona	l information on appropriately la	halad continuation chasts	CITY	STATE	ZIP CODE AREA CODE/PHONE		
Fairfax CA 94930	Attach daonional	mjormation on appropriately it	belea continuation sheets.	Fairfax	CA	94930		
3. Verification	3. Verification	1						
I have used all reasonable diligence in preparation contained herein is true and complete. I certify under	I have used all re	asonable diligence in prepa		dedge the informa	tion contained herein is true a	and complete. Licertify under		
penalty of perjuly under the laws of the Sta				_	ador contanted fierent is true t	and completely restaily under		
8/19/2024	6	19/2024						
Executed on DATE BY URER OR ASSISTANT TREASURER	Executed on	DATE By		URER OR ASSISTANT TREASU	RER			
Executed on 9 191 2027 By	Executed on	11912024 BY						
DATE LDER, CANDIDATE, OR STATE MEASURE PROPONENT		DATE		LDER, CANDIDATE, OR STATE	MEASURE PROPONENT	and the second s		
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DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT			SIGNATURE OF CONTI	ROLLING OFFICEHOLDER, CANDIDATE, OR STATE	MEASURE PROPONENT			
Executed onBy	Executed on		SIGNATURE OF CONT	ROLLING OFFICEHOLDER, CANDIDATE, OR STATE	MEASURE PROPONENT			

FPPC Form 410 (August/2018)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)

Statement of Organization Recipient Committee INSTRUCTIONS ON REVERSE	CALIFORNIA 410													
COMMITTEE NAME	Page 2 I.D. NUMBER													
Barbara Coler for Fairfax Town Council 2024	1472250													
All committees must list the financial institution where the campaign bank account is located.														
NAME OF FINANCIAL INSTITUTION	AREA O	ODE/PHONE	BANKACCOU	NT NUMBER										
Wells Fargo Bank	415-	456-4892												
ADDRESS	CITY		STATE	ZI	PCODE		<u> </u>							
3 Tunstead Avenue	San	Anselmo	CA	9	94960									
4. Type of Committee Complete the applicable sections.														
Controlled Committee														
<ul> <li>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.</li> </ul>														
List the political party with which each officeholder or candidate is affiliated or check "nonpartisan." Stating "No party preference" is acceptable														
<ul> <li>If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.</li> </ul>														
NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)			YEAR OF ELECTION	PAR' CHECK									
Barbara Coler	Town C	ouncil Member		2024	Nonpartisan	Partisan	(list political part	ty below)						
					Nonpartisan	Partisan	(list political par	ty 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)  CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION														
IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	(INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)					CHECK ONE SUPPORT OPPOSE								
							SUPPORT	OPPOSE						
							SUPPORT	OPPOSE						