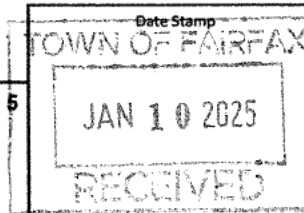


Statement of Organization
Recipient Committee

Statement Type

<input type="checkbox"/> Initial <input type="radio"/> Not yet qualified or <input checked="" type="radio"/> Date qualification threshold met 08 / 17 / 2024	<input type="checkbox"/> Amendment Date qualification threshold met ____ / ____ / ____	<input checked="" type="checkbox"/> Termination – See Part 5 Date of termination 12 / 31 / 2024
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CALIFORNIA
FORM 410

For Official Use Only

1. Committee Information 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 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.	I.D. Number (if applicable) 1472250	2. Treasurer and Other Principal Officers NAME OF TREASURER Janet Garvin STREET ADDRESS (NO P.O. BOX) _____ CITY Fairfax STATE CA ZIP CODE 94930 EMAIL ADDRESS OF TREASURER (REQUIRED) jgarvin1951@yahoo.com AREA CODE/PHONE _____ NAME OF ASSISTANT TREASURER, IF ANY Marcia Custer STREET ADDRESS (NO P.O. BOX) _____ CITY Fairfax STATE CA ZIP CODE 94930 EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED) custermf@gmail.com AREA CODE/PHONE _____ NAME OF PRINCIPAL OFFICER(S) Barbara Coler STREET ADDRESS (NO P.O. BOX) _____ CITY Fairfax STATE CA ZIP CODE 94930 EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED) bcolercampaigntc@gmail.com AREA CODE/PHONE _____
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3. Verification

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

information contained herein is true and complete. I certify under

Executed on 12 / 31 / 2024
DATE

Executed on 12 / 31 / 24
DATE

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

FPPC Form 410 (October/2023)

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

www.fppc.ca.gov

Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA
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COMMITTEE NAME Barbara Coler for Fairfax Town Council 2024		I.D. NUMBER 1472250	
• 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 415-456-4892	BANK ACCOUNT NUMBER 9252029492	
ADDRESS OF FINANCIAL INSTITUTION 3 Tunstead Avenue	CITY San Anselmo	STATE CA	ZIP CODE 94960
4. Type of Committee <i>Complete the applicable sections.</i>			

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 Council Member	2024	Nonpartisan ✓	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

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

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COMMITTEE NAME

Barbara Coler for Fairfax Town Council 2024

I.D. NUMBER

1472250

4. Type of Committee (Continued)

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

☐ CITY Committee

☐ COUNTY Committee

☐ STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Small Contributor Committee

☐ _____/_____/_____

Date qualified

5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or ponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
 - There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
 - Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.

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