

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

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 Date Initial Filing
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APR 11 2015
TOWN OF FAIRFAX

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
 Coler Barbara Gayle

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
 Town of Fairfax, CA
 Division, Board, Department, District, if applicable
 Town of Fairfax, CA Town Council
 Your Position
 Councilmember
 Agency: Marin Clean Energy/Marin Telecommunications Position: Board member/Board Member

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 FAIR POLITICAL
 PRACTICES COMMISSION
 15 APR - 2 AM 11:30

2. Jurisdiction of Office (Check at least one box)

State Judge or Court Commissioner (Statewide Jurisdiction)
 Multi-County _____ County of _____
 City of Fairfax Other _____

3. Type of Statement (Check at least one box)

Annual: The period covered is January 1, 2014, through December 31, 2014.
 -or-
 The period covered is _____ through December 31, 2014.
 Assuming Office: Date assumed _____
 Candidate: Election year _____ and office sought, if different than Part 1: _____
 Leaving Office: Date Left _____ (Check one)
 The period covered is January 1, 2014, through the date of leaving office.
 The period covered is _____ through the date of leaving office.

4. Schedule Summary

Check applicable schedules or "None." **Total number of pages including this cover page: 2**

Schedule A-1 - Investments - schedule attached
 Schedule A-2 - Investments - schedule attached
 Schedule B - Real Property - schedule attached
 Schedule C - Income, Loans, & Business Positions - schedule attached
 Schedule D - Income - Gifts - schedule attached
 Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-
 None - No reportable interests on any schedule

5. [Redacted Signature Area]

herein and in any attached schedules is true and complete. I acknowledge
 I certify under penalty of perjury under the laws of the State of

Date Signed 02/10/2015
 (month, day, year)

SCHEDULE D
Income – Gifts

Name
Barbara Coler

▶ NAME OF SOURCE *(Not an Acronym)*
Marin Sanitary Sevice

ADDRESS *(Business Address Acceptable)*
1050 Andersen Drive, San Rafael, CA 94901

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Garbage, Recycling

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / / 14	\$ 50.00	holiday basket
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

Comments: _____