

OFFICE OF

### ASSESSOR-COUNTY CLERK-RECORDER & ELECTIONS

**COUNTY OF SAN MATEO** 



DEPUTY CLERK

### **Ballot Measure Rebuttal Argument Submission Form**

If both an argument in favor of <u>and</u> against a measure have been selected for publication in the voter information pamphlet, a rebuttal to the argument in favor of or the argument against the measure may be submitted as outlined in this form.

The author of the argument in favor of the measure may prepare and submit a rebuttal argument to the argument against the measure or may authorize in writing any other person or persons to prepare, submit, or sign the rebuttal argument. Likewise, the author of the argument against the measure may prepare and submit a rebuttal argument to the argument in favor of the measure or may authorize in writing any other person or persons to prepare, submit, or sign the rebuttal argument.

A rebuttal argument shall not be accepted unless accompanied by this completed form, which shall contain the printed name(s) and signature(s) of the person(s) submitting it or, if submitted on behalf of a bona fide association of citizens/organization, the name of the association/organization and the printed name and signature of at least one of its principal officers.

| Word count limit for Rebuttal Arguments = 250  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
| The rebuttal arguments shall be submitted to the elections official conducting the election no later than  |  |  |  |  |  |  |  |  |  |
| These rules apply to all rebuttal arguments unless a rebuttal argument is otherwise provided by law.  Ballot Measure for the To the Rebuttal to Argument in Favor of Measure Rebuttal to Argument Against Measure  |  |  |  |  |  |  |  |  |  |
| Signed by Exact Same Individual(s) as Argument Already Selected for the Voter Information Pamphlet   |  |  |  |  |  |  |  |  |  |
| If you are submitting a rebuttal argument and the individual(s) signing the rebuttal argument are the same as the individual(s) signing the original Ballot Measure Primary Argument Submission Form, check the following box and complete the back side of this form.   |  |  |  |  |  |  |  |  |  |
| Rebuttal Argument Is Signed by Same Individual(s) as Argument Already Selected For the Voter Information Packet  |  |  |  |  |  |  |  |  |  |
| Submitted by Different Individual(s) as the Opposing Primary Argument  |  |  |  |  |  |  |  |  |  |
| If the rebuttal argument is signed by <u>anyone</u> different than the signer(s) of the Ballot Measure Primary Argument Submission Form already submitted—including whether there is only one different individual or whether there are up to five new individuals—you must complete the section below, complete the back side of this form, and attach to this form the written authorization by the author that indicates: (i) your name(s); and (ii) the author's name, contact information, statement of authorization, and signature. |  |  |  |  |  |  |  |  |  |
| Contact Person:  JOHN EARNHARDT  Phone:  |  |  |  |  |  |  |  |  |  |
| Menio Pacy C4 94025  |  |  |  |  |  |  |  |  |  |
| Family Family  |  |  |  |  |  |  |  |  |  |

Please complete the reverse side of this form.

| Rebuttal Argum  | ent Signers Form   |  |   | capacity they are signing. Check the one box that applies.                         |  |   |            |  |  |
|---|--|--|---|--|--|---|------------|--|--|
| than five signatures Names and titles lis below. If the signers are p such signing individ name of that bona position within that By signing below, t | signatures shall appears are submitted, the firsted will be printed in art of a bona fide association/organization association/organization undersigned state eve it not to be false or a second to the se | rst five listed shall the order that they ociation/organization the signer's name nization and may intion. | be printed.  v are listed  on, for each e shall list the nclude their | Governing Body of San Mateo<br>County, a School District, or a<br>Special District | Member of the Governing Body of<br>San Mateo County, a School<br>District, or a Special District | Bona Fide Association of<br>Citizens/Organization | Individual |  |  |
| 1. Kn'sh'ne   |  | ritle:<br>teacher<br>erton, (A<br>Date:<br>22/18   | 145 LONITA<br>15 SCHOOLS<br>94627                                     |  |  |   |            |  |  |
| Phone:  |  | Title: Email:  |   |  |  |   |            |  |  |
| Signature:  |  | Date:  |   |  |  |   |            |  |  |
| 3. Name:  |  | Title:   |   |  |  |   |            |  |  |
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| Signature:  |  | Date:  |   |  |  |   |            |  |  |
| Submit a second f   | form (this side only)  | for alternate sign   |   | to this f  | form and   | d the arg   | gument.    |  |  |
| Signers   | Registered   | N/A  | Signed  |  | Dat  | ted   |            |  |  |
| Bona Fide Association   | ☐ Verified   | N/A  | Signed  |  | Dat  | ted   |            |  |  |

| Rebuttal Argum                            | ent Signers Form                                 |  | capacity   | ner must d<br>they are si  | gning. Ch   |           |
|---|--|--|--|--|---|-----------|
| No more than five s                       | signatures shall appea                           | ar with any argument. If more rst five listed shall be printed.  | one box  | that applies   | S.  |           |
|   |  | the order that they are listed   | n Mateo<br>ict, or a   | ing Body<br>School<br>istrict  | of  |           |
| such signing individual name of that bona | dual(s), the title under                         | ociation/organization, for each<br>the signer's name shall list the<br>nization and may include their<br>tion. | Governing Body of San Mateo<br>County, a School District, or a<br>Special District | Member of the Governing Body of<br>San Mateo County, a School<br>District, or a Special District | Bona Fide Association of<br>Citizens/Organization | <u>a</u>  |
|   | he undersigned state<br>eve it not to be false o | that they have read the r misleading.  | Govern<br>County<br>Specia   | Membe<br>San Ma<br>District  | Bona F<br>Citizen                                 | Individua |
| Y. Gary D                                 | illabough  | Title: FORMER PARENT   |  |  |   |           |
| Address                                   |  |  |  |  |   |           |
| Sig                                       |  | Athe Aon  Date: 2 10 1 100   |  |  |   |           |
| 2. Name:                                  |  | 3/3/ 1/8   |  |  |   | l_        |
| Phone:                                    |  | Email:   |  |  |   | L         |
| Address:                                  |  |  |  |  |   |           |
| Signature:                                |  | Date:  | -  |  |   |           |
| 3. Name:                                  |  | Title:   |  |  |   | Г         |
| Phone:                                    |  | Email:   |  |  |   | -         |
| Address:                                  |  | J  |  |  |   |           |
| Signature:                                |  | Date:  |  |  |   |           |
| 4. Name:                                  |  | Title:   |  | П  | П   | Г         |
| Phone:                                    |  | Email:   |  |  |   | -         |
| Address:                                  |  |  |  |  |   |           |
| Signature:                                |  | Date:  |  |  |   |           |
| 5. Name:                                  |  | Title:   | П  | П  | П   | Г         |
| Phone:                                    |  | Email:   |  |  |   |           |
| Address:                                  |  |  |  |  |   |           |
| Signature:                                |  | Date:  |  |  |   |           |
| Submit a second fe                        | orm (this side only)                             | for alternate signers attached   | to this f  | orm and  | the arg   | un        |
| Signers                                   | ☐ Registered                                     | FOR OFFICIAL USE ONLY N/A Signed   |  | Date   | a d   |           |

N/A

Signed

Dated

Bona Fide Association

☐ Verified

| Rebuttal Argumen   | nt Signers Form   |   |   | capacity   |  | esignate in<br>gning. Che<br>s.                   |            |
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| No more than five signatures at than five signatures at Names and titles listed below.  If the signers are part such signing individu name of that bona fid position within that as By signing below, the argument and believe | are submitted, the fed will be printed in t of a bona fide assal(s), the title unde le association/organizate undersigned state | irst five listed shall the order that they sociation/organization the signer's name nization and may intion.  It that they have read or misleading. | be printed. are listed on, for each shall list the aclude their d the | Governing Body of San Mateo<br>County, a School District, or a<br>Special District | Member of the Governing Body of<br>San Mateo County, a School<br>District, or a Special District | Bona Fide Association of<br>Citizens/Organization | Individual |
| Name: Linda M Phone Address:   | lc Geever   | Er "  | Ct 94028  |  |  |   |            |
| 2. Name: Phone: Address:   |   | Title:  |   |  |  |   |            |
| 3. Name: Phone:  |   | Date: Title: Email:   |   |  |  |   |            |
| Signature:   |   | Date:   |   |  |  |   |            |
| Phone:  Address:  Signature:   |   | Email:  |   |  |  |   |            |
| 5. Name: Phone: Address:   |   | Title: Email:   |   |  |  |   |            |
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|  |   | FOR OFFICIAL USE O  |   |  |  |   |            |
| Signers<br>Bona Fide Association   | ☐ Registered ☐ Verified   | N/A<br>N/A  | Signed<br>Signed  |  | Dat<br>Dat   |   |            |

| Rebuttal Argument Signers Form   |  | capacity they are signing. Check the one box that applies.                                       |   |            |   |
|--|--|--|---|------------|---|
| No more than five signatures shall app<br>than five signatures are submitted, the<br>Names and titles listed will be printed i<br>below.  If the signers are part of a bona fide as<br>such signing individual(s), the title und<br>name of that bona fide association/org<br>position within that association/organiz<br>By signing below, the undersigned sta<br>argument and believe it not to be false | Governing Body of San Mateo<br>County, a School District, or a<br>Special District | Member of the Governing Body of<br>San Mateo County, a School<br>District, or a Special District | Bona Fide Association of<br>Citizens/Organization | Individual |   |
| PATRICIA S. W=VEIGH  | Title:<br>LONGTIME RESIDENT  |  |   |            | V |
| Signary (Name:   | Date 3 2 7018 Title:   |  |   |            |   |
| Phone: Address:  | Email:   |  |   |            |   |
| Name:  | Date: Title: Email:  |  |   |            |   |
| Address: Signature:  | Date:  |  |   | l.         |   |
| 4. Name:   | Title:   |  |   |            |   |
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|                       | FOR OFFICIAL USE ONLY |     |        |       |  |
|-----------------------|-----------------------|-----|--------|-------|--|
| Signers               | Registered            | N/A | Signed | Dated |  |
| Bona Fide Association | ☐ Verified            | N/A | Signed | Dated |  |

| Rebuttal Argumen   |  |   |   | Each signer must designate in whice capacity they are signing. Check the one box that applies. |  |   |            |
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| Phone:  Address:  Signature:   |  | Title: U.D  Email:  Pla Vulley, CA  Date: 3/22/20   | 94028   |  |  |   |            |
| 2. Name: Phone: Address:   |  | Title:  |   |  |  |   |            |
| Signature:  3. Name:   |  | Date:   |   |  |  |   |            |
| Phone:  Address:  Signature:   |  | Email:  |   |  |  | -   |            |
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| Submit a second for  | rm (this side only)  | for alternate sign  |   | to this  | form and   | the arg   | gument.    |
| Signers  | Registered   | N/A   | Signed  |  | Dat  | ted   |            |
| Bona Fide Association  | ☐ Verified   | N/A   | Signed  |  | Dat  | ted   |            |

# COUNTY OF SAN MATEO REGISTRATION-ELECTIONS DIVISION

## AUTHORIZATION FORM FOR CHANGE IN PREPARER, SUBMITTER, OR SIGNER OF REBUTTAL ARGUMENTS

#### PLEASE ONLY COMPLETE SECTIONS THAT ARE APPLICABLE

Authorization must be provided by the original author(s) of the primary argument(s) in favor of or against the specified measure, when a different person(s) will prepare, submit or sign the rebuttal argument. CA Elections Code §9167, §9317, §9504

| prepar | ndersigned author(s) hereby authorize(s) the e, or submit (whichever is applicable) the of/against Measure for the Election | rebuttal argument | to the primary argument in  |
|--------|---|-------------------|---|
| I.     | NEW SIGNER(S):  |                   |   |
|        | Name of Rebuttal Argument Signer:   | PATRICIA          | MCVEIGH   |
|        | Name of Rebuttal Argument Signer:   | GARY E            | LLABOUGH  |
|        | Name of Rebuttal Argument Signer:   | LINDA N           | IC GEEVER   |
|        | Name of Rebuttal Argument Signer:   | KRISTINE          | DIETRICH REIS   |
|        | Name of Rebuttal Argument Signer:   | PHILIP            | SUNSHINE  |
| П.     | NEW PREPARER(S):  |                   |   |
|        | Name of Rebuttal Argument Preparer:   |                   |   |
|        | Name of Rebuttal Argument Preparer: _   | F                 | LED IN THE OFFICE OF THE CHIEF ELECTIONS OFFICER SAN MATEO COUNTY, CALIF. |
| III.   | NEW SUBMITTER(S):   |                   | MAR <b>2 6</b> 2018   |
|        | Name of Rebuttal Argument Submitter:  | MA<br>By:_        | RK CHURAL ASSACRIANTON OFFICE   |
|        | Name of Rebuttal Argument Submitter:  | - Бу _            | DEPUTY CLERK  |
| NAM    | E(S) & SIGNATURE(S) OF AUTHOR(  | S):               |   |
|        | Printed Name and Signature of Aurior  |                   | 3 26 18<br>Date   |
|        | Printed Name and Signature of Author  |                   | Date  |

### LAS LOMITAS ELEMENTARY SCHOOL DISTRICT

2018 School Bond Measure – Election Day: June 5, 2018

## Rebuttal to the Argument Against Measure R

| The opponent of <u>Measure R</u> doesn't live in our community and has made it his mission to oppose every school measure on the <u>San Mateo County</u> ballot. <u>Measure R</u> is absolutely needed and is a sound investment in our local public schools for OUR community and children. | 16 12 15 | 43     |
|--|----------|--------|
| As longtime community members – we know the facts, and we're voting YES on Measure R.  | 14       | 14     |
| Here are the facts:  | 4        | 4      |
| FACT: Measure R is about one thing – maintaining the quality of education in Las Lomitas  Elementary and La Entrada Middle schools   | 13<br>5  | 18     |
| FACT: With NO real State funding designated for facilities and maintenance, the burden is on us locally to adequately maintain and upgrade our aging school facilities (classrooms)  |          | 27     |
| <b>FACT:</b> Our <u>Facilities Master Plan</u> includes two phases of work – it is essential to our students that we complete both.  | 14       | 18     |
| FACT: Phase one of our school upgrades built over 30 new classrooms to reduce overcrowding and replace outdated portables.   | 15       | 19     |
| FACT: Measure R will fund Phase two – the repair and renovation of the other 70+ classrooms to bring all of our buildings up to current safety/efficiency standards.   | 15       | 27     |
| <b>FACT:</b> All funds from this measure benefit <u>Las Lomitas</u> schools and students. By law, no <u>Measure R</u> funds can be taken by the State or used for administrator salaries or pensions.  | 14       | 29     |
| <b>FACT:</b> <u>Measure R</u> requires strict independent citizens oversight and annual audits to ensure that funds are spent as promised.   | 12       | 18     |
| Don't be deceived by the opponent's inaccurate and misleading statements. Protect the outstanding quality of education in our local public schools. <b>Vote YES on Measure R.</b>  | 12       | 25     |
| 250 WORDS (250 max) IN THE OFFICE OF THE   |          | 242 w. |

250 WORDS (250 max)

FILED IN THE OFFICE OF THE CHIEF ELECTIONS OFFICER OF SAN MATEO COUNTY, CALIF.

MAR 2 6 2018

