Argument In Favor of Measure T

MEASURE T - Business License Gross Receipts Tax for Vehicle Rental Facilities: 298

The County of San Mateo provides a broad range of public safety, medical, and human services to over 720,000 residents.

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Unfortunately, the cost of providing these services is increasing, while state and federal support is dwindling. Due to the global economic downturn, many more local residents are in need, further stressing our safety net.

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To address these challenges, over the past six years San Mateo County has eliminated 500 positions, reduced departmental budgets, consolidated departments, closed county facilities, and negotiated reductions in labor costs to achieve over \$70 million in ongoing savings.

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Despite this progress, San Mateo County continues to rely on reserves to balance our budget. Next year, San Mateo County will face another \$28 million budget deficit, an amount that could exceed \$50 million by 2017, even while utilizing reserves.

To meet the needs of our communities, we must find new revenues while continuing to pursue cost-cutting efforts. One way to help close the budget gap is the measure before you, a 2.5% business license tax on gross receipts of operators of vehicle rental facilities in the unincorporated County area.

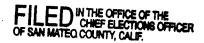
This measure would raise roughly \$7.75 million without significantly impacting the pocketbooks of County residents. The facilities subject to the tax generate over \$300 million in revenue annually, largely from visitors to our County, but currently pay taxes of barely 1% of that to the County in which they operate. At the same time, the vehicles from these facilities generate pollution and add traffic to our roads which impacts our local infrastructure. It's time for San Mateo County to derive a reasonable benefit to offset these impacts.

By voting YES for this measure you are helping to ensure that San Mateo County will remain an enjoyable and prosperous place to live for many years to come.

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

MAR 1 6 2012

CHEDITY CLERK





Ballot Measure Primary Argument Submission Mary 6 2012

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. If the measure is presented to voters pursuant to an initiative petition in a special district election, please contact the Elections Office for special instructions. Word count limit for Primary Arguments = 300 Ballot Measure Measure T for the Primary Election to be held on June 5, 2012. Primary Argument Against Primary Argument in Favor of This argument is submitted by: (check all that apply) The Governing Body of the County of San Mateo, a School District, or a Special District If this argument is filed by the governing body of the County of San Mateo, a school district or a special district, fill in the name of the governing body on the line below and complete both sides of this form. Governing Body: Contact Person's Signature: Contact Person's Printed Name: Title Email: Phone: Member(s) of the Governing Body of the County of San Mateo, a School District, or a Special District X If this argument is filed by any member(s) of the governing body, fill in the information below and complete both sides of this form. By statute, members of school district governing boards need board authorization to file an argument. Name of Governing Body: Member(s) of the Governing Body: San Nates County Boar of Supervisors HORINNE J. Tissier Contact Person's Signature: erson's Printed Name: San Natro County Supervisor Bona Fide Association of Citizens/Organization If this argument is filed by a bona fide association of citizens/organization, the signers of the argument must be affiliated with the association/organization, be authorized to sign the argument on its behalf, provide the printed name and signature of at least one principal officer of the organization, and complete both sides of this form. Name of Association/Organization: Principal Officer's Printed Name and Title: Principal Officer's Signature: Email: Contact Person's Printed Name: Fax: Phone: Individual(s) eligible to vote on the measure Individual signers must be eligible to vote on the measure. Contact Person: Mailing Address: Email: Fax:

A ballot argument shall not be accepted unless accompanied by this completed form, which shall not be accepted unless accompanied by this completed form, which

Primary Argument Signers Form	Each signer must designate in which capacity they are signing. Check the one box that applies.			
No more than five signatures shall appear with any argument. If more than five signatures are submitted, the first five listed shall be printed. Names and titles listed will be printed in the order that they are listed below. If the signers are part of a bona fide association/organization, there is no requirement that they be eligible to vote on the measure. However, for each such signing individual(s), the title under the signer's name shall list the name of that bona fide association/organization and may include their position within that association/organization. By signing below, the undersigned state that they have read the argument and believe it not to be false or misleading.	Governing Body of San Mateo County, a School District, or a Special District	Member(s) of the Governing Body of San Mateo County, a School District, or a Special District	Bona Fide Association of Citizens/Organization	Individual(s) eligible to vote on the measure
1. Name: ADRIENNE J. TISSIES RUBSIOEN., BUARD OF SUPER. Phone: Address: Date: 31512		X		
Phone: Address: Signature: Canale Swo Date: 3-15-17		×		
3. Name: Anne E. Campbell Superintendent of Schools Phone: Email: Signature: Ascalel Date: 3/16/12				K
4. Name: (lenn L. Roberts - as regis l'Itle!) 4. Lennic (Roberts Email: Address: Signature: Lennic (Robert Date: 3 16 17	AR THE THE PROPERTY OF THE PRO			\square
5. Name: Title: Retirod District Attorn Phone: Email: Signature: James P. Fox Date: 3/16/12				X
Sybmit a second form (this side only) for alternate signers attached to this form and the argument. FOR OFFICIAL USE ONLY				
Signers Registered N/A Signed Bona Fide Association Verified N/A Signed	Dated Dated			