Argument In Favor of Measure U

MEASURE U-TRANSIENT OCCUPANCY TAX: 298 words

Visitors come to San Mateo County from all over the world and from throughout California. They come for our incredible natural landscapes, to do business with many of the international companies located here and to stay in proximity to both Silicon Valley and San Francisco.

Every city in the county that hosts visitor serving hotels imposes a Transient Occupancy Tax paid by these visitors to support the services that make their visits pleasant and memorable and that also benefit local residents, such as police, fire, parks, libraries and street maintenance.

The County of San Mateo is proposing to increase the local transient occupancy tax in the unincorporated area of the county from a rate of ten percent (10%) to twelve percent (12%), which will bring the county's rate in line with most other local cities.

Due to the global economic downturn and the increased pressure on county services for the growing number of residents in need of assistance, an additional \$200,000 will provide a modest amount of new revenue to protect critical services provided through our hospital and clinics, public safety services, parks and libraries among many services.

6

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.

Despite this progress, San Mateo County continues to rely on reserves to balance our budget.

The proposed increase to the transient occupancy tax will be paid primarily by visitors to our county, rather than by residents, but the revenues will stay local.

San Mateo County is a wonderful place to live and visit. By voting **YES** on this measure, local residents will make a contribution toward ensuring it remains so for our residents and visitors alike.

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

MAR 1 6 2012

DEPUTY CLERK





Ballot Measure Primary Argument Submission Furn 16/20

A ballot 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

signat	ure of at least one of its principal officers. If the month in a special district election, please contact the	leasure is presented to voters pursuant to an initiative Flections Office for special instructions.				
petitio	on in a special district election, please contact the					
Word	count limit for Primary Arguments = 300	to be hold on June 5, 2012.				
Ballot	Measure Measure U for the Tripare	LElection to be held on June 5, 2012.				
⊠ Pr	imary Argument in Favor of Primary	Argument Against				
This a	rgument is submitted by: (check all that apply)	a L. J. District or a Special District				
	the Governing Body of the County of San Mateo, a School District, or a Special District 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 overning body on the line below and complete both sides of this form. Soverning Body:					
	_	Contact Person's Signature:				
Ī	Contact Person's Printed Name:	Contact resons signatures				
}	Title:					
		Email:				
	Phone:					
\square	Member(s) of the Governing Body of the County of San Mateo, a School District, or a Special District 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. Member(s) of the Governing Body: Name of Governing Body: Name of Governing Body: San Natco County Board of Superuison Gentact Person's Printed Name: Contact Person's Printed Name: Contact Person's Printed Name: Contact Person's Signature: Contact Pe					
ŀ	Principal Officer's Printed Name and Title:	Principal Officer's Signature:				
		Email:				
	Contact Person's Printed Name:					
	Phone:	Fax:				
	Individual(s) eligible to vote on the measure					
	Individual signers must be eligible to vote on the measure.	Phone:				
	Contact Person:					
	Mailing Address:					
		Email:				
	Fax:					

The state of the s		Each sign	er must de	signate i	n which
Primary Argument Signers Form		capacity 1	they are sig	gning. Ch	
No more than five signatures shall appear with any argument. If submitted, the first five listed shall be printed.	more than five signatures are	<u>one</u> box			ē
Names and titles listed will be printed in the order that they are I	isted below.	lateo or a	verning Body ol School District,		on the
If the signers are part of a bona fide association/organization, there is no requirement that			Member(s) of the Governing San Mateo County, a School C or a Special District	of	to vote
they be eligible to vote on the measure. However, for each such signing individual(s), the title			ne Gov nty, a ! rict	Bona Fide Association Citizens/Organization	ible to
under the signer's name shall list the name of that bona fide assomay include their position within that association/organization.	ociation/organization and	Body Schoo trict	of the Cour	Assoc	s) elig
By signing below, the undersigned state that they have read the	argument and believe it not	Governing Body of San Mateo County, a School District, or a Special District	nber(s) of the G Mateo County, Special District	Fide ns/O	Individual(s) eligible measure
to be false or misleading.	and believe terror	Gove	Men San I or a	Bona Citize	Indiv
1. Adriene J. 1381Er President	SAN MATEO COUNTY		×		
Phone: Email:	BUARD OF Super	Sara			
Address:					
Date:					
11 Juni 3. 482 3/15	112				
2. DONALD A-HORSLey Superis	o R		x		
Phone: Email:					
Address:					
Signature: Date: 2/15/	/2				
3. Ame: San M	lateo County				×
Phone: Fmail Superint	endent of Schools			L	ت
Aboress.					
Signature: A 9 Color Date: 3/16	li a				
Name (le l' Dalerta) as regentitioned	112			-	
4. Lenvie Roberts Environ	muculae Advocah				X
Phone: Email:					
Address: (Leven L. (2. lut)					
	•				
Signature: Lenvin Robert 3(16	(12				
Name: Title:					
Phone:	District Attorney				2
Address:			i		
Signature: A Date:					
James P. Tox 3/16	/12				
Symmit a second form (this side only) for alternate s	gners attached to this form	and the	argum	ent.	
FOR OFFICIAL US	SE ONLY				
Signers Registered N/A	Signed D	ated			

Rona Fide Association

Marifiad