

Ballot Measure Primary Argument Submission Form

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 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 | School | | | | | |
|--------|---|---|--|--|--|--|--|
| Ballot | count limit for Primary Arguments = 300 Measure for the for the | Me Oiste to be held on 1) 1919. | | | | | |
| | rimary Argument in Favor of Primary Arg | ument Against | | | | | |
| This a | 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 Printed Name: | Contact Person's Signature: | | | | | |
| | Title: | | | | | | |
| | Phone: | Email: | | | | | |
| | Member(s) of the Governing Body of the County of S If this argument is filed by any member(s) of the governing body, fill in members of school district governing boards need board authorization | the information below and complete both sides of this form. By statute, | | | | | |
| ļ | Member(s) of the Governing Body: | Name of Governing Body: | | | | | |
| | Contact Person's Printed Name: | Contact Person's Signature: | | | | | |
| | Title: | | | | | | |
| | Phone: | Email: | | | | | |
| | Bona Fide Association of Citizens/Organization If this argument is filed by a bona fide association of citizens/organizati association/organization, be authorized to sign the argument on its be officer of the organization, and complete both sides of this form. | ion, the signers of the argument must be affiliated with the half, provide the printed name and signature of at least one principal | | | | | |
| | Name of Association/Organization: | | | | | | |
| | Principal Officer's Printed Name and Title: | Principal Officer's Signature: | | | | | |
| | Contact Person's Printed Name: | Email: | | | | | |
| - | Phone: | Fax: | | | | | |
| 冈 | Individual(s) eligible to vote on the measure Individual signers must be eligible to vote on the measure. | | | | | | |
| | Contact Person: LINDA WOLIN | Phone: | | | | | |
| | Mailing | | | | | | |
| | Fax: | | | | | | |

| Primary Argument Sign | iers Form | | | | capacity t | er must des hey are sig nat applies | ning. Che | |
|--|------------------------|---------------------|-----------------------|-----------|--|---|---|---|
| No more than five signatu submitted, the first five list | | | more than five signat | ures are | | Member(s) of the Governing Body of San Mateo County, a School District, or a Special District | | n the |
| Names and titles listed wi | II be printed in the o | order that they are | listed below. | | ateo or a | ing B | | ite or |
| If the signers are part of a | bona fide associatio | on/organization, th | ere is no requirement | that | an M | Sch | ח סל ר | to vo |
| they be eligible to vote or | | | | I | of Si | rict | iatio | gible |
| under the signer's name s | | | ociation/organization | and | 30dy | of th Cour | ssoc | elie e |
| may include their position | | | | | ing f | er(s) | ide A s/Or | ual(s |
| By signing below, the und to be false or misleading. | ersigned state that t | they have read the | argument and believe | e it not | 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: Lisa Rosenth | nal | Title: 35-year Bo | urlingame res | ident | | | | $[\times]$ |
| Phone: | | Email: | | | | | | |
| | | | | | | | | |
| Ac | | | | | | | | |
| | | | | | | | | |
| Sie | | Date: August 7 | 1,2014 | | | | | |
| 2. Name: | | Title: | | | | | | |
| Phone: | | Email: | | | | | | |
| | | | | | | | | |
| Address: | | | | | | | | |
| Signature: | | Date: | | | | | | |
| 3. Name: | | Title: | | | | | | |
| Phone: | | Email: | | | | | | |
| Address: | | | | | | | | |
| Signature: | | Date: | | | | | | |
| 4. Name: | | Title: | | | | | | |
| Phone: | | Email: | | | | | | |
| Address: | | | | | | | | |
| Signature: | | Date: | | | | | | |
| 5. Name: | | Title: | | | | | | |
| Phone: | | Email: | | | | | | |
| Address: | | <u> </u> | | | | | | |
| Signature: | | Date: | | } | | | | |
| Submit a second | form (this side on | | signers attached to | this form | and th | e argun | nent. | |
| | | FOR OFFICIAL | | | Dated | | | |
| Signers | Registered | N/A N/A | Signed | _ | Dated | | | |
| Bona Fide Association | ona Fide Association | | | | | | | |

| Primary Argument Signers Form | | | hey are sig hat applies | | which ck the |
|---|--|--|---|---|---|
| submitted, the first five listed shall be print Names and titles listed will be printed in th If the signers are part of a bona fide associa they be eligible to vote on the measure. H under the signer's name shall list the name may include their position within that asso | ne order that they are listed below. ation/organization, there is no requirement that owever, for each such signing individual(s), the title e of that bona fide association/organization and | 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 |
| Name: | Burlingane Realtor | | | | |
| Phone: Address Signatu | Date: 8/6/14 | | | | |
| 2. Name: | Title: | | | | |
| Phone: Address: | Email: | | | | |
| Signature: | Date: | | | | |
| 3. Name: Phone: | Title: Email: | | | | |
| Address: | | _ | | | |
| Signature: | Date: | - | | | : |
| 4. Name: | Title: | | | | |
| Phone: | Email: | | | | |
| Address: | | | | | |
| Signature: | Date: | | | | |
| Address: | | | | | |
| Signature: | Date: | _ | | | |
| 5. Name: | Title: | | | | |
| Phone: | Email: | | | | |
| Address: | | 1 | | | |
| Signature: | Date: | - | | | |

| rannav Areangar agares (Ora | | | | | | | into its they in waring Check the standard research | | | | |
|---|----------------------|---------------------|------------------------|-----------|--|---|---|--|--|--|--|
| No more than five signature submitted, the first five lists | | | more than five signate | ures are | | Member(s) of the Governing Body of San Mateo County, a School District, or a Special District | | individual(s) eligible to vote on the measure | | | |
| Names and titles listed will be printed in the order that they are listed below. | | | | | | ool D | | ote or | | | |
| If the signers are part of a bona fide association/organization, there is no requirement that | | | | | | overr a Sch | on of | to ve | | | |
| they be eligible to vote on the measure. However, for each such signing individual(s), the title | | | | | | he G inty, trict | ciatic | 90 B | | | |
| under the signer's name shall list the name of that bona fide association/organization and may include their position within that association/organization. | | | | | |) of t Cou al Dis | Assorgan | (s) e! | | | |
| • · · | | | | it mot | rning ty, a | ber(s Aatec peck | Fide ns/0 | dua | | | |
| By signing below, the under to be false or misleading. | rsigned state that t | ney nave read the | argument and believe | it not | Governing Body of San Mateo County, a School District, or a Special District | Member(s) of the G San Mateo County, or a Special District | Bona Fide Association of Citizens/Organization | Individual | | | |
| 1. Name: Till T. Fair | | Buchneam | e PTA Coun | cil | | | | X | | | |
| | | Emailt | | | | | | | | | |
| | | Date: 8/4 | | | ! | | | | | | |
| Z. | | Title: | | | | | | | | | |
| Phone: | | Email: | | | | | | | | | |
| Address: | | | | <u></u> | | | | | | | |
| Signature: | | Date: | | | | | | | | | |
| 3. Name: | | Title: | | | | | | | | | |
| Phone: | | Email: | | | | | | | | | |
| Address: | | | | | | | | | | | |
| Signature: | | Date: | | | | | | | | | |
| 4. Name: | | Title: | | | | | | | | | |
| Phone: | | Email: | | | | | į | | | | |
| Address: | | | | | | | | | | | |
| Signature: | | Date: | | | | | | | | | |
| 5. Name: | | Title: | <u> </u> | | | | | | | | |
| Phone: | | Email: | | | | | | | | | |
| Address: | | | | | | | | | | | |
| Signature: | | Date: | | | | | | | | | |
| Submit a second f | orm (this side on | iy) for alternate s | signers attached to | this form | and th | e argur | nent. | | | | |
| Signers | Registered | N/A | Signed | | Dated | | | | | | |
| Bona Fide Association | Verified | N/A | Signed | | Dated | | | | | | |

| | Primary Argument Signers Form | | | | | | capacity they are size nationeck that gas book 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. | | | | | | | ody of Istrict, | | the | |
| | Names and titles listed will be printed in the order that they are listed below. | | | | | | ateo or a | ling B ool D | | individual(s) eligible to vote on the measure | |
| | | | | | nere is no requirement th | | Governing Body of San Mateo County, a School District, or a Special District | overr a Sch | Bona Fide Association of Citizens/Organization | ot ot | |
| | | | | | h signing individual(s), th | | y of S | the G anty, strict | ockatio Izatio | ajd Bj | |
| | under the signer's name shall list the name of that bona fide association/organization and may include their position within that association/organization. | | | | | | g Bod Scho strict | nber(s) of the G Mateo County, Special District | Asse | (s) | |
| • | By signing below, the undersigned state that they have read the argument and believe it not | | | | | | | nber(Mate Spec | a Fide | vidua | |
| | to be false or misleading. | | | | | | Gov | Men San or a | 돌품 | me di | |
| | 1. Donna Colson Burlingame Business | | | | | 1.100 | | | | ΓCY | |
| Ĺ | <u> </u> | sonna c | NISON | BUNIO | game Business | //// | | | | M | |
| N | Pho | | | | | | | | : | | |
| x | Add | | | | | | | | | | |
| | | | | | | | | | | | |
| 1 | -Sign | | | Date: | 3-14 | | | | | | |
| 4 | _ | | | Title: | | | r1 | | <u> </u> | | |
| | 2. | | | | | | | | | | |
| Γ | Phone: | | | Email: | | | | | | | |
| - | Addre | are, | | <u> </u> | | | | |] | | |
| | Addie | rss. | | | | | | | | | |
| | Signature: | | Date: | | | | | | | | |
| - | т | Name: | | Title: | | | | | | | |
| | 3. | Notire. | | | | | | | | | |
| Ī | Phone | e : | | Email: | | | | | | | |
| - | Address: | | | | | | | | | | |
| | AGGIT | | | | | | | | | | |
| ŀ | Signa | ture: | | Date: | | | | | | | |
| } | | Name: | | Title: | | | | | | | |
| | 4. | realite. | | | | | | | | | |
| ļ | Phon | e: | | Email: | | | 1 | | | | |
| | 4.4.1 | | | <u></u> | | | | | | | |
| | Addre | ess: | | | | | | | | | |
| - | Signa | ture: | | Date: | | | 1 | | | | |
| | | - Name of the state of the stat | | Title: | | | | | <u> </u> | | |
| | 5. | Name: | | inte. | | | | | $ \Box $ | | |
| ł | Phon | e: | | Email: | | |] | | | | |
| | | | | <u> </u> | | | - | | | | |
| | Address: | | | | | | | | | | |
| ŀ | Signature: Date: | | | | | 1 | | - | | | |
| | | | | | | | | | <u> </u> | <u></u> | |
| | Submit 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 | | | | | | Dated | | | | |
| | Signe | ers a Fide Association | ☐ Registered | N/A | Signed | | Dated | | | | |
| | DUIN | · · · · · · · · · · · · · · · · · · · | | | · - | | | | | | |

| Primary Argument Sig | gners Form | | | | tivithevan ic+trotapa | | ack the |
|---|---|---------------------|-----------------------|-------------------|--|---|--|
| No more than five signar submitted, the first five | listed shall be printed. | | | res are | Sody of Strict, | | individual(s) eligible to vote on the measure |
| Names and titles listed v | | | Asteo | 2 Solo | | ote o | |
| If the signers are part of | a bona fide associatio | n/organization, th | hat 👼 | over a Sch | to | b t | |
| they be eligible to vote | | | | he title | the G | strict ociati | ja ja |
| | under the signer's name shall list the name of that bona fide association/organization and | | | | | | (S) |
| 1 ' | may include their position within that association/organization. By signing below, the undersigned state that they have read the argument and believe it not | | | | | | duak |
| By signing below, the un to be false or misleading | | hey have read the | | | Special District Member(s) of the Governing San Mateo County, a School | or a Special District Bona Fide Association of Ctizens/Organization | Individual |
| 1. Name: | rrett | Title: | Citizent Chool | isherd interes | | | |
| Pł | | E | | | · | | ı |
| A | | | | | | | |
| Si | | Date: | /2014 | | | ! | |
| 2. Namer | | Title: | / | | | | |
| Phone: | | Email: | | | | | |
| Address: | | | | | | | |
| Signature: | | Date: | | | | | |
| 3. Name: | | Title: | | | | | |
| Phone: | | Email: | | | | | |
| Address: | | | | | | | |
| Signature: | | Date: | | | | | |
| 4. Name: | | Title: | | | | | |
| Phone: | **** | Email: | | | | | |
| Address: | | | | | | | |
| Signature: | | Date: | | | | | |
| 5. Name: | | Title: | | | | | |
| Phone: | | Email: | | | | | E |
| Address: | | | | | | | |
| Signature: | | Date: | | | | | |
| Submit a secon | nd form (this side on | | signers attached to t | his form an | the ar | gument. | |
| Simon | ☐ Registered | FOR OFFICIAL N/A | USE ONLY Signed | Date | j | | |
| Signers Bona Fide Association | ☐ Verified | N/A | Signed | Date | | | |
| DOUG FIGE MASOCIATION | T ASIMED | **/ ^ | A-D-14-M | | | | |

Argument in Favor of Measure __

1 1

Vote YES on _to renew locally controlled funding that protects excellent education in Burlingame elementary and middle schools—without increasing taxes.

Measure _ will protect the keys to student success in our local schools. Top-quality academic programs in math, reading and writing, as well as highly qualified teachers, are what make Burlingame schools top in the state year after year.

Measure _ also prepares local students to excel in high school and college by protecting excellent classroom instruction in hands-on science and technology.

Vote YES on __ to:

- Protect quality academic programs in math, science, technology, reading and writing
- Retain qualified teachers
- Maintain hands-on science classes
- Support art and music programs
- Maintain school libraries

Because our community values education, Burlingame voters have approved local funding to protect academic excellence in our schools since 1993. Measure _ simply renews this existing funding before it expires—without increasing taxes.

We can't rely on the state or federal government to protect the top-quality education we expect from Burlingame schools. That is why Measure __ is vital. Every single penny goes directly to our local schools and cannot be taken away by the state.

Measure __ is fiscally responsible:

- All funds will stay in our local schools and cannot be taken away by the state
- No funds can be used for administrators' salaries
- Citizen oversight will ensure funds are spent as promised
- Senior citizen homeowners can continue to receive an exemption
- Measure _ will expire in 14 years and cannot be renewed without voter approval

Outstanding Burlingame schools contribute to the value of our homes and the strength of our community, even if we don't have children attending school.

Please join us-vote Yes on Measure _. Keep Burlingame schools strong.

www.ExcellentBurlingameSchools.org

Lisa Rosenthal, 35-year Burlingame Resident Raziel Ungar, Burlingame Realtor Jill Fair, President, Burlingame PTA Council Donna Colson, Burlingame Business Owner

Michael Jarrett, Member, Burlingame School District Citizens' Oversight Committee

