

Rebuttal to the PRIMARY ARGUMENT in Favor MEASURE AA

Preserving the Bay and ensuring clean water are important; so are honesty and accountability. Measure AA is more about filling politicians' pockets than it is about helping the environment.

Renters, homeowners and small business owners OPPOSE Measure AA because:

- Measure AA doesn't nail down how money will be spent. In fact, Section 5.A. says the Authority Board can "amend this measure by majority vote." This is like TAXPAYERS WRITING A BLANK CHECK.
- Measure AA ensures POLITICS, NOT SCIENCE, DRIVES DECISIONS. There is no requirement for a scientific advisory board to evaluate proposed projects or assess project accomplishments. Grants will be based on politics instead of objective priorities.
- Measure AA is giving money to politicians that it TAKES FROM THE POOR. Google, Facebook and Apple Computer would pay the same tax as the owner of a one-bedroom condominium.
- High property taxes DRIVE UP HOUSING COSTS FOR RENTERS AND HOMEOWNERS. Many people are unemployed, underemployed, or financially stretched and CANNOT AFFORD TO PAY MORE.
- If this tax passes, politicians will ask for more -- but they DON'T WANT THE PUBLIC HAVING A SAY in how their money is spent.

Our environment needs help, and we need to speak up for it. We need to speak up for ourselves.

Measure AA doesn't help -- it's a sham. Demand accountability from politicians and VOTE NO ON Measure AA!

For more information, please visit our website: www.SVTaxpayers.org/2016-measure-aa

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

MAR 25 2016

By  DEPUTY CLERK

Rebuttal 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, 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 of the Governing Body of San Mateo County, a School District, or a Special District	Bona Fide Association of Citizens/Organization	Individual
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1.	Name: <i>Mark W.A. Hinkle</i>	Title: <i>President</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
[Redacted]		Date: <i>03/15/16</i>				
2.	Name:	Title:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phone:		Email:				
Address:						
Signature:		Date:				
3.	Name:	Title:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phone:		Email:				
Address:						
Signature:		Date:				
4.	Name:	Title:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phone:		Email:				
Address:						
Signature:		Date:				
5.	Name:	Title:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phone:		Email:				
Address:						
Signature:		Date:				

Submit a second form (this side only) for alternate signers attached to this form and the argument.

FOR OFFICIAL USE ONLY

Signers	<input type="checkbox"/> Registered	N/A	Signed	Dated
Bona Fide Association	<input type="checkbox"/> Verified	N/A	Signed	Dated

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1. Name: **JACK HICKEY** Title: **HEALTHCARE DISTRICT DIRECTOR**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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Date: **3/19/2016**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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2. Name: [Redacted] Title: [Redacted]

Phone: [Redacted] Email: [Redacted]

Address: [Redacted]

Signature: [Redacted] Date: [Redacted]

3. Name: [Redacted] Title: [Redacted]

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Phone: [Redacted] Email: [Redacted]

Address: [Redacted]

Signature: [Redacted] Date: [Redacted]

4. Name: [Redacted] Title: [Redacted]

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Phone: [Redacted] Email: [Redacted]

Address: [Redacted]

Signature: [Redacted] Date: [Redacted]

5. Name: [Redacted] Title: [Redacted]

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Phone: [Redacted] Email: [Redacted]

Address: [Redacted]

Signature: [Redacted] Date: [Redacted]

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Bona Fide Association	<input type="checkbox"/> Verified	N/A	Signed	Dated

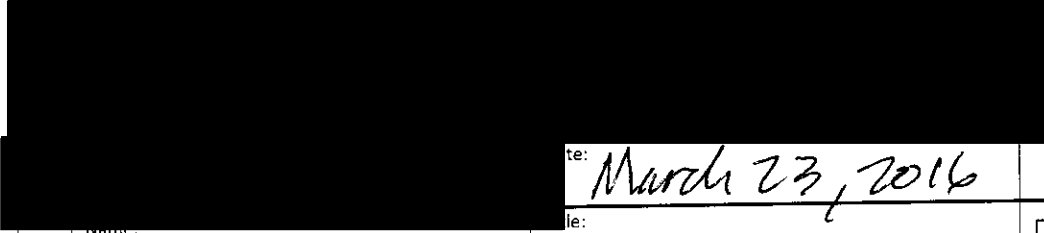
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1. Name: <u>Matt Crocotti</u>	Title: <u>San Carlos City Council</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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2. Name:	Title:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Phone: _____ Email: _____

Address: _____

Signature: _____ Date: _____

3. Name:	Title:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Phone: _____ Email: _____

Address: _____

Signature: _____ Date: _____

4. Name:	Title:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Phone: _____ Email: _____

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Signature: _____ Date: _____

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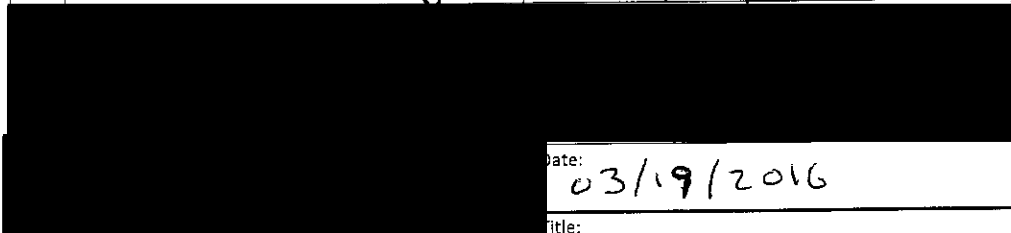
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1. Name: **Charles C. McDougald** Title: **Chair, San Mateo County Republican Party**



Date: **03/19/2016**

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: _____

Signature: _____ Date: _____

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