

MENLO PARK FIRE PROTECTION DISTRICT – BALLOT MEASURE

ARGUMENT IN FAVOR OF MEASURE “---”

This measure is necessary to ensure the superior delivery of fire and emergency services that protect the people and property in Menlo Park, Atherton, East Palo Alto and unincorporated areas of the County. It will NOT increase taxes. By continuing the appropriations (Gann) limit at \$40,000,000 as approved by Measure G on November 6, 2007 for four more years, the District will be able to fully use revenues that have already been approved.

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An amendment to the State Constitution in 1979 imposes an appropriations limit on tax revenues of most government agencies including Fire Districts. The District's original limit was based on the revenues during FY 1978. The limit is adjusted yearly for inflation, the adjustment formula does not account for increase and size of buildings or for increased demand for services, such as prevention, public education, Community Emergency Response Team (CERT) training, emergency and disaster preparedness and fire protection.

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To continue the appropriations limit at \$40,000,000 it's necessary that District voters approve the limit for four more years. A "YES" vote will enable the District to spend tax revenues over the next four years on the delivery of fire and emergency services within the District. Because the Gann limit affects only operational expenditures and does not limit tax revenues, if the current Gann limit is not maintained then the District will be forced to eliminate a number of existing services including reducing the number of stations in operation.

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THIS MEASURE WILL NOT RESULT IN ANY ADDITIONAL TAXES OR COSTS TO DISTRICT RESIDENTS.

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

AUG 04 2011

MARK CHURCH, Chief Elections Officer
By: [Signature]
DEPUTY CLERK



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

Ballot Measure _____ for the SAN. ELECTION to be held on NOV 3 2011

Primary Argument in Favor of Primary Argument Against

This argument is submitted by: (check all that apply)

<input checked="" type="checkbox"/>	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: <u>MENLO PARK FIRE PROTECTION DISTRICT</u>		
Contact Person's Printed Name:	Contact Person's Signature:	
Title: <u>CLERK OF THE BOARD</u>		
Phone:	Email:	
<input type="checkbox"/>	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:	
Contact Person's Printed Name:	Contact Person's Signature:	
Title:		
Phone:	Email:	
<input type="checkbox"/>	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:	
Contact Person's Printed Name:	Email:	
Phone:	Fax:	
<input type="checkbox"/>	Individual(s) eligible to vote on the measure	
Individual signers must be eligible to vote on the measure.		
Contact Person:	Phone:	
Mailing Address:		
Fax:	Email:	

Please complete the reverse side of this form.

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: REX FORD JANSON	Title: DIRECTOR	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phone: [REDACTED]		Email: [REDACTED]				
Address: [REDACTED]						
Signature: [REDACTED]		Date: 27 July 2011				
2.	Name: STEPHEN NACHSHEIM	Title: DIRECTOR	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phone: [REDACTED]		Email: [REDACTED]				
Address: [REDACTED]						
Signature: [REDACTED]		Date: 7-27-11				
3.	Name: BART SPENCER	Title: DIRECTOR	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phone: [REDACTED]		Email: [REDACTED]				
Address: [REDACTED]						
Signature: [REDACTED]		Date: 7/18/2011				
4.	Name: JACK NELSON	Title: DIRECTOR	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phone: [REDACTED]		Email: [REDACTED]				
Address: [REDACTED]						
Signature: [REDACTED]		Date: 7/18/2011				
5.	Name: PETER F. CARPENTER	Title: DIRECTOR	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phone: [REDACTED]		Email: [REDACTED]				
Address: [REDACTED]						
Signature: [REDACTED]		Date: 7/27/2011				

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

FOR OFFICIAL USE ONLY

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