



Ballot Measure Primary Argument Submission Form

MAR 13 2012

MARK CHURCH, Chief Elections Officer

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 5 for the Cabrillo Unified School District to be held on June 5, 2012.

[X] Primary Argument in Favor of [] Primary Argument Against

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 Printed Name: Contact Person's Signature: Title: Phone: Email:

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: Robert Pappalardo Name of Governing Body: Cabrillo Unified School District Contact Person's Printed Name: Robert Pappalardo Contact Person's Signature: Cabrillo Unified School District Title: Member + Clerk Phone: [Redacted] Email: [Redacted]

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:

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.				
<p>No more than five signatures shall appear with any argument. If more than five signatures are submitted, the first five listed shall be printed.</p> <p>Names and titles listed will be printed in the order that they are listed below.</p> <p>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.</p> <p>By signing below, the undersigned state that they have read the argument and believe it not to be false or misleading.</p>						
1.	Name: <u>Christine HENRY MENDONCA</u>	Title: <u>SMALL BUSINESS OWNER</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Phone: [REDACTED]	Email: [REDACTED]				
Address: [REDACTED]						
Signature: <u>[Handwritten Signature]</u>		Date: <u>3/16/12</u>				
2.	Name: <u>STEVE JOHNSON</u>	Title: <u>CITIZEN CHAIR, MEASURE E OVERSIGHT COMMITTEE</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Phone: [REDACTED]	Email: [REDACTED]				
Address: [REDACTED]						
Signature: <u>[Handwritten Signature]</u>		Date: <u>3/15/2012</u> ← OK on 3/28				
3.	Name: <u>JILL BALLARD</u>	Title: <u>XX YEAR RETIRED, MONTARA RESIDENT</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Phone: [REDACTED]	Email: [REDACTED]				
Address: [REDACTED]						
Signature: <u>[Handwritten Signature]</u>		Date: <u>3/16/2012</u>				
4.	Name: <u>ALLISON DORRICO</u>	Title: <u>CO-CHAIR, PARENT ADVISORY COUNCIL</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Phone: [REDACTED]	Email: <u>↳ or Parent Half Moon Bay High School</u>				
Address: [REDACTED]						
Signature: [REDACTED]		Date: [REDACTED]				
5.	Name: <u>Debra Cowdell Tracy or Barbara Lohman</u>	Title: <u>Fea Science Teacher School name Half Moon Bay High School</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Phone: [REDACTED]	Email: [REDACTED]				
Address: [REDACTED]						
Signature: <u>[Handwritten Signature]</u>		Date: <u>3/16/12</u>				

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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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
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1.	Name: <i>Chris Dobbrow</i>	Title: <i>Half Moon Bay High School Parent</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Phone: [Redacted]	Email: [Redacted]				
	Address: [Redacted]					
	Signature: <i>Chris Dobbrow</i>	Date: <i>3-16-12</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:				

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