

Argument in Favor of Measure Y
Jefferson Union High School District

Vote Yes on Y to prepare local high school students in Daly City, Pacifica, Brisbane, Colma and Broadmoor for college and high-paying careers.

Westmoor, Terra Nova, Jefferson, Oceana and Thornton high schools provide a great education for students in our communities. Student achievement and test scores have increased significantly in recent years and three of our local high schools are California Distinguished schools. Our schools need a stable source of funding to continue strong student achievement.

The state has cut \$3.4 million in annual funding from our local high schools since 2008 and may cut another \$1.5 million next school year, jeopardizing important academic programs.

We can't rely on the State to provide the quality education that our local high school students need. That is why your YES vote on Measure Y is critical.

Every penny of Measure Y will go straight to our local high schools and cannot be taken away by the State.

Vote on Yes on Y to prepare local high school graduates for success:

- Enhance math, science, reading and writing programs
- Attract and retain qualified teachers
- Prepare students for college and high-tech, 21st century careers
- Support educationally at-risk students to keep them on the right track

Measure Y is fiscally responsible:

- All funds go directly to local high schools—the State can't take a single penny
- Citizen oversight and annual audits ensure all funds are used for voter-approved purposes
- No funds can be used for administrators' salaries
- Senior citizens may receive an exemption
- Expires in four years and cannot be renewed without voter approval

Measure Y will continue great education in local high schools, keeping our schools strong and protecting property values for all of us, even residents without children in school. Join us and vote YES on Measure Y.

www.protectourhighschools.org

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

MAR 16 2012

MARK CHURCH, Chief Elections Officer

By: _____
 DEPUTY CLERK

300 words

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Ballot Measure Primary Argument Submission

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

MAR 16 2012

MARK CHURCH, Chief Elections Officer
DEPUTY CLERK

A ballot argument shall not be accepted unless accompanied by this completed form, printed name(s) and signature(s) of the person(s) submitting it or, if submitted on behalf of an 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 Y for the JUHSD to be held on June 5, 2012.

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: 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/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: Kalimah Salahuddin Phone: [Redacted]
Mailing Address: [Redacted]
Fax: [Redacted] Email: [Redacted]

Please complete the reverse side of this form.

Primary Argument Signers Form				Each signer must designate in which capacity they are signing. Check the <u>one</u> 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: <i>SUZAN GETCHELL-WALLACE</i>	Title: <i>BUSINESS WOMAN</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	Phone: [REDACTED]	Email: [REDACTED]					
	Address: [REDACTED]						
	Signature: <i>Suzan Wallace</i>	Date: <i>3/15/2012</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:	Title:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phone:		Email:				
Address:						
Signature:		Date:				
2.	Name: SERGIO ROBLEDO	Title: TEACHER - OCEANA HS Daly City Resident				
Phone:		Email:				
Address:						
Signature:		Date: 3/14/12				
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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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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1. Name: _____ Title: _____
 Phone: _____ Email: _____
 Address: _____
 Signature: _____ Date: _____

2. Name: _____ Title: _____
 Phone: _____ Email: _____
 Address: _____
 Signature: _____ Date: _____

3. Name: ALBERT M. TEGLIA Title: FORMER MAYOR OF DALY CITY
 Phone: [REDACTED] Email: N/A
 Address: [REDACTED]
 Signature: *Albert M. Teglia* Date: MARCH 16, 2012

4. Name: _____ Title: _____
 Phone: _____ Email: _____
 Address: _____
 Signature: _____ Date: _____

5. Name: _____ Title: _____
 Phone: _____ Email: _____
 Address: _____
 Signature: _____ Date: _____

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1.	Name: _____ Title: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phone: _____ Email: _____					
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Signature: _____ Date: _____					
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: _____					
X 4.	Name: ERIC RUCHAMES Title: RETIRED POLICE SERGEANT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Phone: _____ Email: _____					
Address: _____					
Signature: <i>[Signature]</i> Date: 3-15-2012					
5.	Name: _____ Title: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phone: _____ Email: _____					
Address: _____					
Signature: _____ Date: _____					

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1.	Name: _____ Title: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phone: _____ Email: _____					
Address: _____					
Signature: _____ Date: _____					
2.	Name: _____ Title: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phone: _____ Email: _____					
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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: <u>Kalimah Salahuddin</u> Title: <u>Terra Nova High Parent</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Phone: _____ Email: _____					
Address: _____					
Signature: _____ Date: <u>5/15/12</u>					

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Signers Registered N/A Signed Dated
 Bona Fide Association Verified N/A Signed Dated