



OFFICE OF
**ASSESSOR-COUNTY CLERK-
 RECORDER & ELECTIONS**
 COUNTY OF SAN MATEO

MARK CHURCH
 CHIEF ELECTIONS OFFICER &
 ASSESSOR-COUNTY CLERK-RECORDER

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 _____ to be held on _____.

Primary Argument in Favor of Primary Argument Against

This argument is submitted by: (check all that apply)									
<input type="checkbox"/>	<p>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.</p> <p>Governing Body: _____</p> <table border="1" style="width: 100%;"> <tr> <td>Contact Person's Printed Name: _____</td> <td>Contact Person's Signature: _____</td> </tr> <tr> <td colspan="2">Title: _____</td> </tr> <tr> <td>Phone: _____</td> <td>Email: _____</td> </tr> </table>	Contact Person's Printed Name: _____	Contact Person's Signature: _____	Title: _____		Phone: _____	Email: _____		
Contact Person's Printed Name: _____	Contact Person's Signature: _____								
Title: _____									
Phone: _____	Email: _____								
<input type="checkbox"/>	<p>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.</p> <table border="1" style="width: 100%;"> <tr> <td>Member(s) of the Governing Body: _____</td> <td>Name of Governing Body: _____</td> </tr> <tr> <td>Contact Person's Printed Name: _____</td> <td>Contact Person's Signature: _____</td> </tr> <tr> <td colspan="2">Title: _____</td> </tr> <tr> <td>Phone: _____</td> <td>Email: _____</td> </tr> </table>	Member(s) of the Governing Body: _____	Name of Governing Body: _____	Contact Person's Printed Name: _____	Contact Person's Signature: _____	Title: _____		Phone: _____	Email: _____
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"/>	<p>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.</p> <p>Name of Association/Organization: _____</p> <table border="1" style="width: 100%;"> <tr> <td>Principal Officer's Printed Name and Title: _____</td> <td>Principal Officer's Signature: _____</td> </tr> <tr> <td>Contact Person's Printed Name: _____</td> <td>Email: _____</td> </tr> <tr> <td>Phone: _____</td> <td>Fax: _____</td> </tr> </table>	Principal Officer's Printed Name and Title: _____	Principal Officer's Signature: _____	Contact Person's Printed Name: _____	Email: _____	Phone: _____	Fax: _____		
Principal Officer's Printed Name and Title: _____	Principal Officer's Signature: _____								
Contact Person's Printed Name: _____	Email: _____								
Phone: _____	Fax: _____								
<input type="checkbox"/>	<p>Individual(s) eligible to vote on the measure Individual signers must be eligible to vote on the measure.</p> <table border="1" style="width: 100%;"> <tr> <td>Contact Person: _____</td> <td>Phone: _____</td> </tr> <tr> <td colspan="2">Mailing Address: _____</td> </tr> <tr> <td>Fax: _____</td> <td>Email: _____</td> </tr> </table>	Contact Person: _____	Phone: _____	Mailing Address: _____		Fax: _____	Email: _____		
Contact Person: _____	Phone: _____								
Mailing Address: _____									
Fax: _____	Email: _____								

Please complete the reverse side of this form.

40 Tower Road, San Mateo, CA 94402

P 650.312.5222 **F** 650.312.5348 **email** registrar@smcacre.org **web** www.smcacre.org

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>						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:	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:							
	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