

Argument Against Measure AA  
San Francisco Bay Restoration Authority: Measure AA

Don't be fooled by the title of this measure. 10

This measure is about the transfer of our money to a special interest group that most of us have never heard of: The San Francisco Bay Restoration Authority. 8 15

Most of the funds raised by this tax will enable a massive new and burdensome bureaucracy, with high paying salaries and fat pension plans. 9 15

And like all bureaucracies, they will never accomplish their stated goal: the restoration of the San Francisco Bay wetlands. 5 12

They will, however, work in fancy office buildings, travel around on generous *per diem* expense accounts, enjoy expensive "business meeting" luncheons and dinners, and otherwise spend every last cent this parcel tax acquires straight out of our family budgets. 4 13

And when that isn't enough, they'll come back to us taxpayers for more. 13

They always do. 3

If they were truly concerned about restoring the San Francisco Bay wetlands, there are many existing federal, state, and local funds that can be utilized without creating a whole new, bloated and expensive bureaucracy. 8 10 14

Don't be fooled; this has virtually nothing to do with the environment — unless you consider the plush, air-conditioned offices of the bureaucrats as part of the "environment." Ditto for the company cars they will be provided at our expense. 13 14

The measure purports to spend \$25,000,000 for the next 20 years, or more than a half billion dollars of our money. 6 15

And will San Francisco Bay be restored in 20 years? 8

You already know the answer to that question: NO. 9

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

MAR 15 2016

MARIE CHURCH, Chief Elections Officer  
By \_\_\_\_\_  
DEPUTY CLERK

Vote NO to send the clear message that existing taxes we already pay can restore '5  
the San Francisco Bay wetlands, and that it can be done without creating yet 12  
another wasteful bureaucracy. 3

For more information, please visit our web page: 8

[www.SVTaxpayers.org/2016-measure-aa](http://www.SVTaxpayers.org/2016-measure-aa) 1

278 wards



RECEIVED  
SAN MATEO COUNTY

Ballot Measure Primary Argument Submission Form  
18 MAR 15 PM 2:52

REGISTRATION  
ELECTIONS

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Word count limit for Primary Arguments = 300

Ballot Measure AA for the primary to be held on June 7, 2016.

Primary Argument in Favor of  Primary Argument Against

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

|   |   |
|---|---|
| <input type="checkbox"/>  | <b>The Governing Body of the County of San Mateo, a School District, or a Special District</b><br>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:  |
| <input type="checkbox"/>  | <b>Member(s) of the Governing Body of the County of San Mateo, a School District, or a Special District</b><br>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 checked="" type="checkbox"/>   | <b>Bona Fide Association of Citizens/Organization</b><br>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:<br><u>Silicon Valley Taxpayers Association</u>  |   |
| Principal Officer's Printed Name and Title:<br><u>Mark W.A. Hinkle: President</u> | [Redacted]  |
| Contact Person's Printed Name:<br><u>Mark Hinkle</u>                              | [Redacted]  |
| Phone:<br>[Redacted]  | [Redacted]  |
| <input type="checkbox"/>  | <b>Individual(s) eligible to vote on the measure</b><br>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**

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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 |
|----|--|--|---|--|---|
| 1. | Name: <u>Mark W.A. Hinkle</u><br>Title: <u>President</u> | <input type="checkbox"/>   | <input type="checkbox"/>  | <input checked="" type="checkbox"/>            | <input type="checkbox"/>                      |
|    | [Redacted]   |  |   |  |   |
|    | Date: <u>3/15/16</u>                                     |  |   |  |   |
| 2. | Name: _____<br>Title: _____                              | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>                       | <input type="checkbox"/>                      |
|    | Phone: _____<br>Email: _____                             |  |   |  |   |
|    | Address: _____   |  |   |  |   |
|    | Signature: _____<br>Date: _____                          |  |   |  |   |
| 3. | Name: _____<br>Title: _____                              | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>                       | <input type="checkbox"/>                      |
|    | Phone: _____<br>Email: _____                             |  |   |  |   |
|    | Address: _____   |  |   |  |   |
|    | Signature: _____<br>Date: _____                          |  |   |  |   |
| 4. | Name: _____<br>Title: _____                              | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>                       | <input type="checkbox"/>                      |
|    | Phone: _____<br>Email: _____                             |  |   |  |   |
|    | Address: _____   |  |   |  |   |
|    | Signature: _____<br>Date: _____                          |  |   |  |   |
| 5. | Name: _____<br>Title: _____                              | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>                       | <input type="checkbox"/>                      |
|    | Phone: _____<br>Email: _____                             |  |   |  |   |
|    | Address: _____   |  |   |  |   |
|    | Signature: _____<br>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 |



## 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 AA for the Presidential Primary, to be held on Jun 07, 2016.

Primary Argument in Favor of     
  Primary Argument Against

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

|   |   |   |                                |                                |                             |        |        |        |        |
|---|---|---|--------------------------------|--------------------------------|-----------------------------|--------|--------|--------|--------|
| <input type="checkbox"/>                    | <p><b>The Governing Body of the County of San Mateo, a School District, or a Special District</b><br/>         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 style="width: 100%; border: none;"> <tr> <td style="border: none; width: 50%;">Contact Person's Printed Name:</td> <td style="border: none; width: 50%;">Contact Person's Signature:</td> </tr> <tr> <td colspan="2" style="border: none;">Title:</td> </tr> <tr> <td style="border: none;">Phone:</td> <td style="border: none;">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><b>Member(s) of the Governing Body of the County of San Mateo, a School District, or a Special District</b><br/>         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 style="width: 100%; border: none;"> <tr> <td style="border: none; width: 50%;">Member(s) of the Governing Body:</td> <td style="border: none; width: 50%;">Name of Governing Body:</td> </tr> <tr> <td style="border: none;">Contact Person's Printed Name:</td> <td style="border: none;">Contact Person's Signature:</td> </tr> <tr> <td colspan="2" style="border: none;">Title:</td> </tr> <tr> <td style="border: none;">Phone:</td> <td style="border: none;">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: |
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| Contact Person's Printed Name:              | Contact Person's Signature:   |   |                                |                                |                             |        |        |        |        |
| Title:                                      |   |   |                                |                                |                             |        |        |        |        |
| Phone:                                      | Email:  |   |                                |                                |                             |        |        |        |        |
| <input type="checkbox"/>                    | <p><b>Bona Fide Association of Citizens/Organization</b><br/>         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 style="width: 100%; border: none;"> <tr> <td style="border: none; width: 50%;">Principal Officer's Printed Name and Title:</td> <td style="border: none; width: 50%;">Principal Officer's Signature:</td> </tr> <tr> <td style="border: none;">Contact Person's Printed Name:</td> <td style="border: none;">Email:</td> </tr> <tr> <td style="border: none;">Phone:</td> <td style="border: none;">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><b>Individual(s) eligible to vote on the measure</b><br/>         Individual signers must be eligible to vote on the measure.</p> <table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 50%;">Contact Person:</td> <td style="border: none; width: 50%;">Phone:</td> </tr> <tr> <td colspan="2" style="border: none;">Mailing Address:</td> </tr> <tr> <td style="border: none;">Fax:</td> <td style="border: none;">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.**

# 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.

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|----|--|--|---|--|---|
| 1. | Name: <i>Thomas Weissmiller</i><br>Title: <i>Lieutenant Colonel, (Retired) U S Army</i>  | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>                       | <input checked="" type="checkbox"/>           |
|    |  |  |   |  |   |
| S  | Date: <i>3/15/2016</i>   |  |   |  |   |
| 2. | Name: <input type="checkbox"/><br>Phone: <input type="checkbox"/><br>Address: <input type="checkbox"/><br>Signature: <input type="checkbox"/> Date: <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>                       | <input type="checkbox"/>                      |
| 3. | Name: <input type="checkbox"/><br>Phone: <input type="checkbox"/><br>Address: <input type="checkbox"/><br>Signature: <input type="checkbox"/> Date: <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>                       | <input type="checkbox"/>                      |
| 4. | Name: <input type="checkbox"/><br>Phone: <input type="checkbox"/><br>Address: <input type="checkbox"/><br>Signature: <input type="checkbox"/> Date: <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>                       | <input type="checkbox"/>                      |
| 5. | Name: <input type="checkbox"/><br>Phone: <input type="checkbox"/><br>Address: <input type="checkbox"/><br>Signature: <input type="checkbox"/> Date: <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>                       | <input type="checkbox"/>                      |

**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 |
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Ballot Measure AA for the Presidential Primary to be held on Jun 7, 2016.

Primary Argument in Favor of

Primary Argument Against

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

|                          |   |                                |
|--------------------------|---|--------------------------------|
| <input type="checkbox"/> | <b>The Governing Body of the County of San Mateo, a School District, or a Special District</b><br>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.   |                                |
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|                          | Contact Person's Printed Name:  | Contact Person's Signature:    |
|                          | Title:  |                                |
|                          | Phone:  | Email:                         |
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|                          | Contact Person's Printed Name:  | Contact Person's Signature:    |
|                          | Title:  |                                |
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|                          | 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"/> | <b>Individual(s) eligible to vote on the measure</b><br>Individual signers must be eligible to vote on the measure.   |                                |
|                          | Contact Person:   | Phone:                         |
|                          | Mailing Address:  |                                |
|                          | Fax:  | Email:                         |

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|---------------------------------|--|--|---|--|---|
| 1.                              | Name: JACK HICKEY<br>Title: HEALTHCARE DISTRICT DIRECTOR | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>                       | <input checked="" type="checkbox"/>           |
| [Redacted Signature]            |  |  |   |  |   |
|                                 | Date: 13/15/2016   |  |   |  |   |
| 2.                              | Name: _____<br>Title: _____                              | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>                       | <input type="checkbox"/>                      |
| Phone: _____<br>Email: _____    |  |  |   |  |   |
| Address: _____                  |  |  |   |  |   |
| Signature: _____<br>Date: _____ |  |  |   |  |   |
| 3.                              | Name: _____<br>Title: _____                              | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>                       | <input type="checkbox"/>                      |
| Phone: _____<br>Email: _____    |  |  |   |  |   |
| Address: _____                  |  |  |   |  |   |
| Signature: _____<br>Date: _____ |  |  |   |  |   |
| 4.                              | Name: _____<br>Title: _____                              | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>                       | <input type="checkbox"/>                      |
| Phone: _____<br>Email: _____    |  |  |   |  |   |
| Address: _____                  |  |  |   |  |   |
| Signature: _____<br>Date: _____ |  |  |   |  |   |
| 5.                              | Name: _____<br>Title: _____                              | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>                       | <input type="checkbox"/>                      |
| Phone: _____<br>Email: _____    |  |  |   |  |   |
| Address: _____                  |  |  |   |  |   |
| Signature: _____<br>Date: _____ |  |  |   |  |   |

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Ballot Measure AA for the Presidential Primary held on June 07, 2016

Primary Argument in Favor of  Primary Argument Against

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**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: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Please complete the reverse side of this form.

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|---------------------------------|--|--|---|--|---|
| 1.                              | Name: <u>Matt Brocott</u><br>Title: <u>San Carlos City Council</u> | <input checked="" type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>                       | <input checked="" type="checkbox"/>           |
| [Redacted]                      |  |  |   |  |   |
| Date: <u>3/15/16</u>            |  |  |   |  |   |
| 2.                              | Name: _____<br>Title: _____  | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>                       | <input type="checkbox"/>                      |
| Phone: _____<br>Email: _____    |  |  |   |  |   |
| Address: _____                  |  |  |   |  |   |
| Signature: _____<br>Date: _____ |  |  |   |  |   |
| 3.                              | Name: _____<br>Title: _____  | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>                       | <input type="checkbox"/>                      |
| Phone: _____<br>Email: _____    |  |  |   |  |   |
| Address: _____                  |  |  |   |  |   |
| Signature: _____<br>Date: _____ |  |  |   |  |   |
| 4.                              | Name: _____<br>Title: _____  | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>                       | <input type="checkbox"/>                      |
| Phone: _____<br>Email: _____    |  |  |   |  |   |
| Address: _____                  |  |  |   |  |   |
| Signature: _____<br>Date: _____ |  |  |   |  |   |
| 5.                              | Name: _____<br>Title: _____  | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>                       | <input type="checkbox"/>                      |
| Phone: _____<br>Email: _____    |  |  |   |  |   |
| Address: _____                  |  |  |   |  |   |
| Signature: _____<br>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 |



### 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 AA for the Presidential Primary to be held on Jun 7, 2016

Primary Argument in Favor of       Primary Argument Against

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

|                          |   |                             |
|--------------------------|---|-----------------------------|
| <input type="checkbox"/> | <b>The Governing Body of the County of San Mateo, a School District, or a Special District</b>  |                             |
|                          | 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:                      |

|                          |   |                             |
|--------------------------|---|-----------------------------|
| <input type="checkbox"/> | <b>Member(s) of the Governing Body of the County of San Mateo, a School District, or a Special District</b>   |                             |
|                          | 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"/> | <b>Bona Fide Association of Citizens/Organization</b>  |                                |
|                          | 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"/> | <b>Individual(s) eligible to vote on the measure</b>        |        |
|                          | 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: Charles C. McDougald<br>Title: Chair, San Mateo County Republican Party | <input type="checkbox"/>   | <input type="checkbox"/>  | <input checked="" type="checkbox"/>            | <input type="checkbox"/>                      |
| [Redacted] |   |  |   |  |   |
|            | Date: 03/15/2016  |  |   |  |   |
| 2.         | Name: [Redacted]<br>Title:  | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>                       | <input type="checkbox"/>                      |
| Phone:     |   |  |   |  |   |
| Address:   |   |  |   |  |   |
| Signature: |   |  |   |  |   |
| Date:      |   |  |   |  |   |
| 3.         | Name:<br>Title:   | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>                       | <input type="checkbox"/>                      |
| Phone:     |   |  |   |  |   |
| Address:   |   |  |   |  |   |
| Signature: |   |  |   |  |   |
| Date:      |   |  |   |  |   |
| 4.         | Name:<br>Title:   | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>                       | <input type="checkbox"/>                      |
| Phone:     |   |  |   |  |   |
| Address:   |   |  |   |  |   |
| Signature: |   |  |   |  |   |
| Date:      |   |  |   |  |   |
| 5.         | Name:<br>Title:   | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>                       | <input type="checkbox"/>                      |
| Phone:     |   |  |   |  |   |
| 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 |