

# Primary Argument in favor of: Measure Q

The Brisbane School District has a financial crisis. Despite reducing operating expenses by approximately \$ 1 million in recent years, the District still faces a projected annual deficit of \$500,000. That's because State and Federal funding has been severely cut while still imposing mandatory, but unfunded programs. The reserves that covered this deficit over the last several years are nearly depleted.

Closing a \$500,000 deficit will require a reduction of 7 teachers or nearly one-third of the general teaching staff. This will balloon class sizes to an unmanageable level, in some cases doubling the number of students in a classroom. The District's administrative costs have been cut to the minimum, including having the Superintendent managing both the Brisbane and Bayshore Districts from one consolidated office.

The passage of Measure Q will raise approximately \$500,000 annually and provide relief from the crisis facing our schools. Without its passage our exceptional, high-performing schools are in danger. If our district were to become insolvent, we would lose local control of our schools. Our community and our families are in danger of losing an essential part of our fundamental fabric.

In order to avoid difficulties for seniors, residential property owners who are 65 and over will be granted an exemption for their primary residence upon request. The measure ends in 6 years (2018) unless reauthorized by the voters.

Because parcel taxes require a super-majority, every vote counts. Please support our schools and our future by voting for Measure Q.

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

JAN 20 2012

MARK CHURCH, Chief Elections Officer

By:   
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 Brisbane School

Ballot Measure Q for the District Special Election to be held on April 10, 2012

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:	<b>FILED IN THE OFFICE OF THE CHIEF ELECTIONS OFFICER OF SAN MATEO COUNTY, CALIF.</b>
	Contact Person's Printed Name:	Contact Person's Signature: <u>JAN 20 2012</u>
	Title:	<u>MARK CHURCH, Chief Elections Officer</u>
	Phone:	By <u>[Signature]</u> SECURITY CLERK

<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 checked="" type="checkbox"/>	<b>Individual(s) eligible to vote on the measure</b> Individual signers must be eligible to vote on the measure.	
	Contact Person: <u>Leonel J. Tingin</u>	Phone:
	Mailing Address:	
	Fa:	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: <u>Tom Lidda</u>	Title: <u>Southern Hill Res.</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Phone:	Email: <u>Brisbane Bus Owner</u>				
	Address:					
	Sig:	Date: <u>1/10/2012</u>				
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  Registered N/A Signed Dated  
 Bona Fide Association  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.

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(2)

1.	Name: <u>JOE RIEDEL</u>	Title: <u>COMMUNICATION TECH</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Phone:	Email:				
	Address:					
		Date: <u>1/12/12</u>				
	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:				
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	Phone:	Email:				
	Address:					
	Signature:	Date:				

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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.

③

		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: <b>Michele M. Salmon</b> Title: Phone: Address: Signature: Date: <b>Jan. 11, 2012</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.	Name: Title: Phone: Address: Signature: Date:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Name: Title: Phone: Address: Signature: Date:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Name: Title: Phone: Address: Signature: Date:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Name: Title: Phone: Address: Signature: Date:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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④

1.	Name: <i>Leanne Young</i>	Title: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Phone: _____		Email: _____				
Address: _____						
Signature: _____		Date: <i>1-11-12</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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Bona Fide Association	<input type="checkbox"/> Verified	N/A	Signed	Dated

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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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1. Name: Raymond C. Miller Title: Professor Emeritus  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: January 10, 2012

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2. Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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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