



Ballot Measure Primary Argument Submission Form MAR 15 2018

MA [redacted] By [redacted]

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 J for the Primary Election to be held on June 5, 2018

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

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

<input type="checkbox"/>	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: _____
<input type="checkbox"/>	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: _____
<input type="checkbox"/>	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: _____
<input checked="" type="checkbox"/>	Individual(s) eligible to vote on the measure Individual signers must be eligible to vote on the measure.
	Contact Person: Ami Cowan Phone: [redacted]
	Mailing Address: [redacted] Pacifica, CA 94044
	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 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: Andrew Lie (author) Title: President, Board of Trustees JHHS
 Phone: [Redacted] Email: [Redacted]
 Address: [Redacted] Pacifica, CA 94044
 Signature: [Redacted] Date: 3/6/18

2. Name: Sergio Robledo-Maderazo Title: President, AFT Local 1481
 Phone: [Redacted] Email: [Redacted]
 Address: [Redacted] Daly City, CA 94014
 Signature: [Redacted] Date: 3/6/18

3. Name: [Redacted] Title: [Redacted]
 Phone: [Redacted] Email: [Redacted]
 Address: [Redacted]
 Signature: [Redacted] Date: [Redacted]

4. Name: [Redacted] Title: [Redacted]
 Phone: [Redacted] Email: [Redacted]
 Address: [Redacted]
 Signature: [Redacted] Date: [Redacted]

5. Name: [Redacted] Title: [Redacted]
 Phone: [Redacted] Email: [Redacted]
 Address: [Redacted]
 Signature: [Redacted] Date: [Redacted]

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

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

3	Name:	Thomas Nuris	Title:	ATTORNEY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Phone:	[REDACTED]						
	Address:	[REDACTED] DOLY LITH, CA 94015						
	Signature:	[REDACTED]	Date:	03-08-2018	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Name:	[REDACTED]	Title:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Phone:							
	Address:							
	Signature:		Date:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Name:		Title:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Phone:							
	Address:							
	Signature:		Date:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Name:		Title:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Phone:							
	Address:							
	Signature:		Date:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Name:		Title:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Phone:							
	Address:							
	Signature:		Date:		<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 Registered N/A Signed Dated
 Bona Fide Association Verified N/A Signed Dated

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

4.	Name: Allan Hale	Title: <i>Volunteer</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Phone: [Redacted]	Email:				
	Address: [Redacted]	<i>Pacific CA 94044</i>				
	Signature: [Redacted]	Date: <i>3-12-18</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 Registered N/A Signed Dated
 Bona Fide Association Verified N/A Signed Dated

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	
5	Name: Ginny Silva Jaquith Phone: [REDACTED] Address: [REDACTED] Pacifica Signature: [REDACTED] Date: 3/14/18	Title: PACIFICA Community Member Email: [REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.	Name: [REDACTED] Phone: [REDACTED] Address: [REDACTED] Signature: [REDACTED] Date: [REDACTED]	Title: [REDACTED] Email: [REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Name: [REDACTED] Phone: [REDACTED] Address: [REDACTED] Signature: [REDACTED] Date: [REDACTED]	Title: [REDACTED] Email: [REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Name: [REDACTED] Phone: [REDACTED] Address: [REDACTED] Signature: [REDACTED] Date: [REDACTED]	Title: [REDACTED] Email: [REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Name: [REDACTED] Phone: [REDACTED] Address: [REDACTED] Signature: [REDACTED] Date: [REDACTED]	Title: [REDACTED] Email: [REDACTED]	<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
Bona Fide Association	<input type="checkbox"/> Verified	N/A	Signed	Dated

Jefferson Union High School District
Argument in Favor of Measure __

Our communities' public high schools – Jefferson, Oceana, Terra Nova, Thornton and Westmoor – are facing a crisis that is undermining the quality of education we provide our children. Your YES vote on Measure _ this June will address this crisis.

The **critical shortage of locally available, affordable rental housing** keeps our high schools from being able to attract, hire and retain exceptional educators – putting our school district at a **competitive disadvantage**. Many teachers and staff members can no longer afford to live here, and many – including top-ranked educators – are being drawn to positions outside the Bay Area that do not force them to choose between a grinding daily commute and crippling housing costs.

Your vote will decide whether we can maintain the quality of our high schools or risk a deteriorating quality of education for our children.

Vote YES on Measure _ to provide our school district with the ability to build **local, affordable rental housing** for teachers and staff members, allowing them to **live in the communities where they work**.

At the same time, your YES vote on Measure _ will impose ironclad taxpayer protections, including:

- Requiring independent financial audits and taxpayer oversight
- Prohibiting funds from going to administrator salaries, pensions or benefits
- Providing legal safeguards so there is no financial risk to the District's budget
- Prohibiting the State from taking these local funds and spending them in other districts

Please join parents, grandparents, families, neighbors, teachers and local community and business leaders by voting YES on Measure _.

12
18
7
15
15
16
16
10
18
6
17
16
15
7
10
13
14
12
6

243

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

MAR 15 2018

MA
By _____
DEPUTY CLERK

0