



Ballot Measure Primary Argument Submission Form

MAR 15 2018

By [Redacted] er

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 N for the Millbrae School District to be held on June 5, 2018.

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: Karen Chin Phone: [Redacted]

Mailing Address: [Redacted] Millbrae, CA 94030

Fax: Author 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
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1. Name: DANIEL F. QUIGG Title: FORMER MAYOR MILLBRAE

Phone: [REDACTED] Email: [REDACTED]

Address: MILLBRAE CA 94030

Signature: [REDACTED] Date: 3-10-2018

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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2. Name: [REDACTED] Title: [REDACTED]

Phone: [REDACTED] Email: [REDACTED]

Address: [REDACTED]

Signature: [REDACTED] Date: [REDACTED]

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

3. Name: [REDACTED] Title: [REDACTED]

Phone: [REDACTED] Email: [REDACTED]

Address: [REDACTED]

Signature: [REDACTED] Date: [REDACTED]

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

4. Name: [REDACTED] Title: [REDACTED]

Phone: [REDACTED] Email: [REDACTED]

Address: [REDACTED]

Signature: [REDACTED] Date: [REDACTED]

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

5. Name: [REDACTED] Title: [REDACTED]

Phone: [REDACTED] Email: [REDACTED]

Address: [REDACTED]

Signature: [REDACTED] Date: [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

✓



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1.	Name: Karen Chin	Title: Millbrae - Support Our Students Parent Chairperson	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Phone: [REDACTED]	Email: [REDACTED]				
	Address: [REDACTED] Millbrae, CA 94030					
	Signature: [REDACTED]	Date: 3/12/18				
2.	Name: [REDACTED]	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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## Ballot Measure Primary Argument Submission Form

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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><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.</p>
Governing Body: _____	
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>          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>
Member(s) of the Governing Body: _____	
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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>          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>
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"/>	<p><b>Individual(s) eligible to vote on the measure</b>          Individual signers must be eligible to vote on the measure.</p>
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.

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 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>GERALD G KENNEDY</b>	Title: <b>55-Year Millbrae Resident</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Phone: [Redacted]	Email: [Redacted]				
	Address: [Redacted]	<b>Millbrae, CA 94030</b>				
	Signature: [Redacted]	Date: <b>3-13-2018</b>				
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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Signers  Registered N/A Signed Dated  
 Bona Fide Association  Verified N/A Signed Dated

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1.	Name: Julie DiMaio	Title: teacher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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[Redacted]		Millbrae CA 94030				
[Redacted]		Date: 3/14/18				

2.	[Redacted]	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"/>
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Address:						
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1.	Name: <u>Angie Sam-lee</u>	Title: <u>Local Business Owner</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	[Redacted]					
	Ad <u>Millbrae, CA 94030</u>					
	Sig [Redacted]	Date: <u>3/13/2018</u>				
2.		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:				
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	Address:					
	Signature:	Date:				
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Bona Fide Association	<input type="checkbox"/> Verified	N/A	Signed	Dated

Argument in Favor of Measure\_\_

Vote YES on \_\_ so Millbrae students receive the high-quality education they deserve. 13

Millbrae School District provides an outstanding education to our elementary and middle school students. Thanks to dedicated teachers and rigorous academic programs at Green Hills, Lomita Park, Meadows, Spring Valley and Taylor Middle School, our students go on to excel in high school and college. 10 12 12 4

Millbrae schools, however, are among the lowest funded in San Mateo County. Our schools need stable, locally-controlled funding to protect strong academic programs and keep great teachers in our classrooms. That is why Measure\_\_ is so important. 12 12 11

Measure\_\_ will protect our excellent schools and help teachers provide 21st-century instruction in science, technology, engineering and math. Our global economy has higher standards than ever before, and Millbrae students need a strong academic foundation that prepares them to compete and succeed. 13 13 14 3

Measure\_\_ requires local control and accountability. All funds will stay in our community and directly support local classrooms. 14 4

Vote YES for Millbrae students:

- Maintain 21st-century, hands-on science, technology, engineering and math instruction 5 10
- Attract and retain qualified teachers 5 5
- Strengthen reading and writing programs 4 4
- Provide hands-on science labs 5 5
- Restore art and music programs 5 5

Vote YES on \_\_ for local control:

- All funds will support Millbrae School District schools—no funds can be taken away by the State 7 13 2
- No funds can be used for administrators' salaries or benefits 10 10
- Independent citizens' oversight committee and annual audits are required 9 9
- Senior citizen homeowners are eligible for an exemption from the cost of the measure 14 14

Studies show that a well-rounded education including art and music helps students learn and achieve. Our students are counting on us to support their education and vote YES on \_\_. 14 16

Join Millbrae's elected leaders, local business owners, longtime residents, realtors, parents and teachers and vote YES on \_\_ for our Millbrae students. 12 10

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

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MAR 15 2018

MA By [redacted] cer