



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 M for the Cabille Unified 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)**

<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 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>Rob Pappalardo</u>	Phone: [REDACTED]
	Mailing Address: [REDACTED] <u>Half Moon Bay CA 94019</u>	
	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.

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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
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Author #1

✓

1.	Name: LENNY MENDONCA	Title: LOCAL BUSINESS OWNER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Phone: [REDACTED]	[REDACTED]				
	[REDACTED]	MONTARA, CA. 94037				
	Signature: [REDACTED]	Date: 3/16/18				
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

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--	---	--	---

1.	Name: Naomi Patridge	Title: Five-Term Half Moon Bay Mayor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	[Redacted]					
#2	Address: Half Moon Bay		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Date: 3/15/18					
2.	Name: Sandra Andreini	Title: Local Business Owner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Phone: [Redacted]	Email: [Redacted]				
#3	Address: Half Moon Bay, CA 94019		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Signature: [Redacted]	Date: 3/15/18				
3.	Name: [Redacted]	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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Word count limit for Primary Arguments = 300

Ballot Measure \_\_\_\_\_ for the \_\_\_\_\_ to be held on \_\_\_\_\_.

Primary Argument in Favor of  Primary Argument Against

<b>This argument is submitted by: (check all that apply)</b>	
<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> <p>Governing Body: _____</p> <p>Contact Person's Printed Name: _____ Contact Person's Signature: _____</p> <p>Title: _____</p> <p>Phone: _____ Email: _____</p>
<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> <p>Member(s) of the Governing Body: _____ Name of Governing Body: _____</p> <p>Contact Person's Printed Name: _____ Contact Person's Signature: _____</p> <p>Title: _____</p> <p>Phone: _____ Email: _____</p>
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<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> <p>Contact Person: _____ Phone: _____</p> <p>Mailing Address: _____</p> <p>Fax: _____ Email: _____</p>

**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

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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

#4

✓

1.	Name: <i>Jan Gray</i>	Title: <i>44 YEAR COASTSIDE Realtor</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Phone: [Redacted]	Email: [Redacted]				
	Address: [Redacted]	<i>1 Laguna Beach CA 94019</i>				
	Signature: [Redacted]	Date: <i>3/16/18</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"/>
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	Address:					
	Signature:	Date:				
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 Bona Fide Association  Verified N/A Signed Dated



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Ballot Measure M for the CASILLIO UNIFIED SCHOOL DISTRICT to be held on JUNE 5, 2018.

Primary Argument in Favor of       Primary Argument Against

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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

#5

1.	Name: John M Parsons	Title: Certified Public Accountant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Phone: [Redacted]	[Redacted]				
	Address: [Redacted]	Half Moon Bay CA 94024				
	Signature: [Redacted]	Date: 3/13/18				
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"/>
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	Address:					
	Signature:	Date:				

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 Bona Fide Association  Verified N/A Signed Dated

Argument in Favor of Measure M

Vote YES on Measure M to repair and improve our aging local elementary, middle and high schools and ensure all Coastside students receive a 21st-century education. 15

While some of our schools in Cabrillo Unified School District have been updated, many are over 50 years old and in serious need of repairs and updates to meet today's academic and safety standards. 13

Measure M will provide a dedicated local source of funding to support a safe and modern learning environment for our elementary and middle school students. 15  
9

Providing a high-quality education relies on excellent teachers and staff, and Measure M will ensure all schools have updated classrooms, science labs, computer and learning technology to attract the best teachers to our community. We need Measure M to help prepare our students for success in college and their future careers. 13  
15  
8

Vote YES on Measure M to:

- Replace leaky roofs 5
- Keep schools clean, well maintained and in good condition 3
- Perform essential safety repairs and maintenance on classrooms and facilities 9
- Update classrooms and science labs 10
- Upgrade fire and earthquake safety 5
- Equip classrooms with 21st-century learning technology 5  
7

Measure M requires strict fiscal accountability:

- Local control ensures every penny of Measure M goes directly to local classrooms and school facilities – no money could be taken by the State 5  
13
- Independent citizen oversight and annual audits are required 10
- No funding could ever be used for administrators' salaries or pensions 8  
11

We are fortunate to live in an area that supports our Coastside schools, helping keep our community a desirable place to live. Even if you do not have school-age children, protecting the quality of our schools and the quality of life in our community is a wise investment that helps keep our property values strong. 16  
18  
5

Join parents, teachers and community leaders in the Coastside community in supporting our great local schools – vote YES on M. 13  
7

WC: 297

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

291

MAR 16 2018

By: [Redacted Signature]