



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 Y for the Primary Election to be held on Nov. 6, 2018.

Primary Argument in Favor of Primary Argument Against

This argument is submitted by: (check all that apply)	
<input type="checkbox"/>	<p>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.</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>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.</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>
<input type="checkbox"/>	<p>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.</p> <p>Name of Association/Organization: _____</p> <p>Principal Officer's Printed Name and Title: _____ Principal Officer's Signature: _____</p> <p>Contact Person's Printed Name: _____ Email: _____</p> <p>Phone: _____ Fax: _____</p>
<input checked="" type="checkbox"/>	<p>Individual(s) eligible to vote on the measure Individual signers must be eligible to vote on the measure.</p> <p>Contact Person: Candice E. Bell Phone: [REDACTED]</p> <p>Mailing Address: [REDACTED] Daly City, CA 94015</p> <p>Fax: n/a Email: [REDACTED]</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

Primary Argument Signers Form			Each signer must designate in which capacity they are signing. Check the one box that applies.			
<p>No more than five signatures shall appear with any argument. If more than five signatures are submitted, the first five listed shall be printed.</p> <p>Names and titles listed will be printed in the order that they are listed below.</p> <p>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.</p> <p>By signing below, the undersigned state that they have read the argument and believe it not to be false or misleading.</p>			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: Andy Lie (AUTHOR) ✓	Title: JUHSD Board President				
Phone:		Email:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Address:		Daly City, CA 94015				
Signature:		Date: 8/14/18				
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: _____ Title: _____				
	Phone: _____ Email: _____				
	Address: _____				
	Signature: _____ Date: _____				
2.	Name: Ginny Silva Jaquith Title: Pacifica Community Member				
	Phone: [REDACTED]				
	Address: [REDACTED] PACIFICA CA, 94044				
	Signature: [REDACTED] Date: 8/15/18				
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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1.	Name: _____ Title: _____				
Phone: _____ Email: _____					
Address: _____					
Signature: _____ Date: _____					
2.	Name: _____ Title: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phone: _____ Email: _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Address: _____					
Signature: _____ Date: _____					
3.	Name: Thomas Nuris Title: Attorney, Daly City and Former JUHSD Board of Trustee				
Phone: [REDACTED]		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Address: [REDACTED] DALY CITY CA 94015					
Signature: [REDACTED] Date: 08-15-18					
4.	Name: _____ Title: _____				
Phone: _____ Email: _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Address: _____					
Signature: _____ Date: _____					
5.	Name: _____ Title: _____				
Phone: _____ Email: _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Address: _____					
Signature: _____ Date: _____					

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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:	Title:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Phone:	Email:				
	Address:					
	Signature:	Date:				
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: DAVID TEJADA	Title: 55-YEAR DALY CITY RESIDENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Phone: [REDACTED]	Email:				
	Address: DALY CITY, CA 94014					
	Signature: [REDACTED]	Date: 8-15-18				
5.	Name:	Title:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Phone:	Email:				
	Address:					
	Signature:	Date:				

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1.	Name:	Title:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Phone:	Email:				
	Address:					
	Signature:	Date:				
5.	Name: Ami Cowan	Title: Retired JUHSD Employee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Phone:	Email:				
	Address:					
	Signature:	Date: 8/14/2018				
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

**Jefferson Union High School District
Parcel Tax
Argument in Favor of Measure Y- Election of November 6, 2018**

We strongly support Jefferson Union High School District's Measure Y and urge you to join us in voting YES! 5

Serving Brisbane, Broadmoor, Colma, Daly City and Pacifica, our local public high schools are critical to our children's future either by preparing them for academic success in college or providing them with the vocational and technical training required to join today's workforce. 4

But great schools are also critical to the economic health of our communities. These highly valuable public assets help to preserve and protect the character of our local neighborhoods and the value of our homes and businesses. 9

Measure Y will guarantee our schools a source of **locally controlled funding that cannot be taken by the State and spent elsewhere**. These funds will be used to: 12

- Attract and retain highly qualified teachers and staff 7
- Protect vital educational programs 4
- Improve school safety 3

In addition, Measure Y also comes with significant built-in taxpayer protections including:

- Independent taxpayers' oversight to ensure funds are spent as promised 10
- An exemption for senior citizens 5
- Legal requirements that all funds be spent locally 8
- Ironclad restrictions that **no funds** are used to pay administrative salaries or benefits 12

Highly qualified teachers, strong academic programs and local community support have made our schools strong. Your YES vote on Measure Y will let us continue the job of providing our children with a great education while protecting and improving these essential community assets. 3

Our local schools are the foundation of our community and must remain our number one priority. Please join us together with business leaders, teachers, parents, guardians, grandparents and neighbors in voting YES on Measure Y. 18

word count: 263

256

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

AUG 17 2018

MARK CHURCH, Chief Elections Officer

By: [REDACTED] DEPUTY CLERK