



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 W for the \_\_\_\_\_ to be held on 11/6/18.

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> <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>
<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> <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><b>Individual(s) eligible to vote on the measure</b>            Individual signers must be eligible to vote on the measure.</p> <p>Contact Person: <u>MICHELE BEASLEY</u> Phone: _____</p> <p>Mailing Address: _____ <u>BELMONT, CA. 94002</u></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

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
<p>1. Name: <i>Kevin Mullin</i> Title: <i>California State Assembly member</i></p> <p>Phone: [REDACTED]</p> <p>Address: <i>South San Francisco, CA 94080</i></p> <p>Signature: [REDACTED] Date: <i>8/15/18</i></p>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#1

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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

# 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.

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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#2

1.	Name: <u>John Healy</u>	Title: <u>SAN MATEO FIRE CHIEF</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Phone: [REDACTED]	Email: [REDACTED]				
	Address: <u>SAN CARLOS CA 94070</u>					
		Date: <u>8-16-18</u>				
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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**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

Title Reads: Friends of Caltrain, Executive Director

**Primary Argument Signers Form**

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#3

1.	Name: Adina Levin	Title: Friends of Caltrain Executive Director	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Phone: [Redacted]	Email: [Redacted]				
	Address: [Redacted]	Menlo Park CA 94025				
		Date: 8/16/2018				
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	<input type="checkbox"/> Registered	N/A	Signed	Dated
Bona Fide Association	<input type="checkbox"/> Verified	N/A	Signed	Dated

Title reads: Board member, Redwood city/San Mateo county Chamber of Commerce

#4

Primary Argument Signers Form		Each signer must designate in which capacity they are signing. Check the <u>one</u> box that applies.			
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1.	<p>Name: <i>Alicia Aguirre</i></p> <p>Title: <i>Board Member RWC/Chamber of Commerce</i></p> <p>Phone: [Redacted]</p> <p>Address: [Redacted] <i>Redwood City 94062</i></p> <p>Signature: [Redacted]</p> <p>Date: <i>8/16/18</i></p>				
2.	<p>Name: [Redacted]</p> <p>Title:</p> <p>Phone:</p> <p>Email:</p> <p>Address:</p> <p>Signature:</p> <p>Date:</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<p>Name:</p> <p>Title:</p> <p>Phone:</p> <p>Email:</p> <p>Address:</p> <p>Signature:</p> <p>Date:</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<p>Name:</p> <p>Title:</p> <p>Phone:</p> <p>Email:</p> <p>Address:</p> <p>Signature:</p> <p>Date:</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<p>Name:</p> <p>Title:</p> <p>Phone:</p> <p>Email:</p> <p>Address:</p> <p>Signature:</p> <p>Date:</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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FOR OFFICIAL USE ONLY

Signers	<input type="checkbox"/> Registered	N/A	Signed	Dated
Bona Fide Association	<input type="checkbox"/> Verified	N/A	Signed	Dated

TITLE reads: Building Trades Council, Retired Business Manager

Primary Argument Signers Form			Each signer must designate in which capacity they are signing. Check the one box that applies.			
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1.	Name: <b>William A. NACK Bill</b>	Title: <b>Retired Building Trades Council Business Manager</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Phone: [REDACTED]					
	Address: [REDACTED]	<b>Menlo Park, CA 94025</b>				
	Signature: [REDACTED]	Date: <b>8/15/18</b>				
2.	Name: <b>MICHELE BEASLEY</b>	Title: <b>EXECUTIVE DIRECTOR, SAN MATEO CO. PARKS DEP</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Phone: [REDACTED]					
	Address: [REDACTED]	<b>BELMONT, CA. 94002</b>				
	Signature: [REDACTED]	Date: <b>8-17-2018</b>				
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:				

#5

Author

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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

## Argument in Favor of Measure W

Vote Yes on Measure W to relieve traffic congestion, fix potholes and provide transit options for seniors, veterans, commuters, youth and people with disabilities.

San Mateo County's economy has been booming, and we need investment in our infrastructure and transit systems to keep pace. As we all experience daily, traffic is worse than ever and transportation systems are aging, stressed and facing serious capacity challenges.

Measure W will help you and your family spend less time stuck in traffic so you can get to work, school and home faster. Measure W reduces traffic congestion including bottlenecks at highway interchanges like 101-92 in San Mateo and takes up to 10,000 cars off county highways every work day.

By law, every penny from Measure W must be spent on San Mateo County transportation projects and programs — the State and federal government can't take this funding for any reason.

Vote Yes on W to relieve traffic congestion:

- Ensuring emergency vehicles can get where they're going quickly to save lives
- Fixing potholes, repairing local streets and improving pedestrian and bicyclist safety
- Upgrading Caltrain and SamTrans to carry more riders with improved frequencies and faster travel times

Every day, seniors, people with disabilities, commuters, students and low-income residents rely on public transit as a necessary lifeline. Measure W maintains affordable transportation options so residents can get to doctors' appointments, work, school and the grocery store.

Strict fiscal accountability keeps every penny in San Mateo County

- The plan is based on 10 months of public input from over 17,000 county residents
- Independent citizens' oversight and mandatory annual audits ensure all funds are spent as promised
- A detailed project list outlining the exact use of funds is included in your voter pamphlet
- Essentials like groceries and medicine are exempt

To learn more, visit [www.SMCCongestionRelief.com](http://www.SMCCongestionRelief.com). Join us in voting Yes on Measure W.

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

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