

PRIMARY ARGUMENT IN FAVOR OF MEASURE FF

Measure FF will allow the City of South San Francisco to increase its hotel tourist tax, also known as the transient occupancy tax (TOT). The TOT is a tax paid by visitors to local hotels and helps pay for essential municipal services in the City of South San Francisco like police and fire protection services, traffic circulation, parks and recreation programs, public roads, and rising pension employee costs.

The City has not increased its TOT rate in almost ten years. Measure FF would increase the TOT to a rate comparable to neighboring cities so hotels in the City would continue to offer competitive hotel rates to visitors.

Measure FF will produce an estimated \$5.9 million in additional unrestricted revenue for the General Fund, which can be used to help fund public safety programs, youth programs, improve our parks, and repair our roads. This tax revenue will grow over time as more visitors stay at new hotels that open in the City. By law, all funds from Measure FF will stay in South San Francisco.

Measure FF is NOT a tax on your home or property. Hotel visitors who pay the increased tax will also benefit from City services.

We urge you to vote "YES" on Measure FF to increase the TOT rate paid by hotel visitors that will have a significant positive impact on the quality of life for local residents and our economy.



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 FF for the Statewide 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 checked="" 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: <u>RICH GARBARINO</u> Name of Governing Body: <u>CITY OF SOUTH SAN FRANCISCO</u></p> <p>Contact Person's Printed Name: <u>RICH GARBARINO</u> _____</p> <p>Title: <u>COUNCIL MEMBER</u></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 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: _____ Phone: _____</p> <p>Mailing Address: _____</p> <p>Fax: _____ Email: _____</p>

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: Liza Normandy Title: Mayor, City of South S.F. Phone: [Redacted] Address: [Redacted] South San Francisco, CA 94083 Signature: [Redacted] Date: AUGUST 17, 2018	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Name: Richard Holt Title: 50 YEAR RESIDENT COMMUNITY VOLUNTEER Phone: [Redacted] Address: [Redacted] So San Francisco Signature: [Redacted] Date: 8/17/18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.	Name: BILL BENAVIDES Title: LOCAL COMMUNITY EMERGENCY RESPONSE TEAM VOLUNTEER Phone: [Redacted] Address: [Redacted] 45+ YEAR RESIDENT Signature: [Redacted] Date: 8-17-18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.	Name: SAM SHIHADAH Title: LOCAL BUSINESS OWNER 45+ YEAR RESIDENT Phone: [Redacted] Address: [Redacted] SO. S.F. CA, 94083 Signature: [Redacted] Date: 8/17/2018	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.	Name: _____ Title: _____ 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	<input type="checkbox"/> Registered	N/A	Signed	Dated
Bona Fide Association	<input type="checkbox"/> Verified	N/A	Signed	Dated