



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 _____ for the Portola Valley School District 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"/>	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:
<input type="checkbox"/>	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:
<input type="checkbox"/>	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:
<input checked="" type="checkbox"/>	Individual(s) eligible to vote on the measure Individual signers must be eligible to vote on the measure. <u>Contact person</u>	
	Contact Person: <u>Anne-Fazioli-Khiari</u>	Phone: [REDACTED]
	Mailing: [REDACTED] <u>Portola Valley CA 94028</u>	
	Fax: [REDACTED]	[REDACTED]

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.

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

Sue

1.	Name: Sue ^{Sue} Crane	Title: Retired Portola Valley Town Council member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Phone: [Redacted]	Email: [Redacted]				
	Address: [Redacted] Portola Valley, CA 94028					
	Signature: [Redacted]	Date: 8/8/18				
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:				

V

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: ② Todd Schever Title: Portola Valley School District Parent
 Phone: [Redacted] Email: [Redacted]
 Address: Portola Valley, CA 94028
 Date: 8/7/18

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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2. Name: _____ Title: _____
 Phone: _____ Email: _____
 Address: _____
 Signature: _____ Date: _____

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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3. Name: _____ Title: _____
 Phone: _____ Email: _____
 Address: _____
 Signature: _____ Date: _____

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

4. Name: _____ Title: _____
 Phone: _____ Email: _____
 Address: _____
 Signature: _____ Date: _____

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

5. Name: _____ Title: _____
 Phone: _____ Email: _____
 Address: _____
 Signature: _____ Date: _____

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Submit a second form (this side only) for alternate signers attached to this form and the argument.

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



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<input 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"/>

1. Name: Ginny Kavanaugh Title: Local Realtor
 Phone: [Redacted] Email: [Redacted]
 Address: [Redacted], Portola Valley, CA 94028
 Date: 8/7/18

2. Name: [Redacted] Title: [Redacted]
 Phone: [Redacted] Email: [Redacted]
 Address: [Redacted]
 Signature: [Redacted] Date: [Redacted]

3. Name: [Redacted] Title: [Redacted]
 Phone: [Redacted] Email: [Redacted]
 Address: [Redacted]
 Signature: [Redacted] Date: [Redacted]

4. Name: [Redacted] Title: [Redacted]
 Phone: [Redacted] Email: [Redacted]
 Address: [Redacted]
 Signature: [Redacted] Date: [Redacted]

5. Name: [Redacted] Title: [Redacted]
 Phone: [Redacted] Email: [Redacted]
 Address: [Redacted]
 Signature: [Redacted] Date: [Redacted]

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 Bona Fide Association Verified N/A Signed Dated

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 Bona Fide Association of Citizens/Organization
 Individual(s) eligible to vote on the measure

1.	Name: ⁴ Sherry Andrighetto	Title: Ormondale Teacher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Phone: [REDACTED]	[REDACTED]				
	Address: [REDACTED] Portola Valley, CA 94028	Date: 8/7/18				
2.	Name: [REDACTED]	Title: [REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Phone: [REDACTED]	Email: [REDACTED]				
	Address: [REDACTED]	Signature: [REDACTED]				
		Date: [REDACTED]				
3.	Name: [REDACTED]	Title: [REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Phone: [REDACTED]	Email: [REDACTED]				
	Address: [REDACTED]	Signature: [REDACTED]				
		Date: [REDACTED]				
4.	Name: [REDACTED]	Title: [REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Phone: [REDACTED]	Email: [REDACTED]				
	Address: [REDACTED]	Signature: [REDACTED]				
		Date: [REDACTED]				
5.	Name: [REDACTED]	Title: [REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Phone: [REDACTED]	Email: [REDACTED]				
	Address: [REDACTED]	Signature: [REDACTED]				
		Date: [REDACTED]				

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

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1.	Name: ⁽⁵⁾ Thomas Foarty	Title: Local Business Owner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>						
	[Redacted]											
	[Redacted] Portola Valley, CA 94028											
		Date: 8/14/18										
2.	Name: ⁽⁶⁾ Sarah Wernikoff	Title: Former Portola Valley School District Parent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>						
	[Redacted]											
	[Redacted] Portola Valley CA 94028											
		Date: 8/16/18										
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:										

NOT TO PRINT #6 ←

✓
Parent
✓

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

**Argument in Favor
Portola Valley School District**

Vote YES on Measure ___ to protect the quality of education at Corte Madera and Ormondale Schools.

We take pride in the outstanding education Portola Valley and Woodside students receive in Portola Valley School District. Our schools have educated generations of local children and provide a rigorous education that prepares students to excel in high school and college.

But our school facilities, built 30 to 60 years ago, have grown old and outdated and need critical repairs and upgrades. We need to update our schools to keep our students safe and to support the demands of a 21st century education.

This is why Measure ___ is critical. Measure ___ will make the most urgent updates to our schools and provide up-to-date classrooms and labs to support strong academic instruction. Every penny is locally-controlled and will stay in our community.

Whether or not you have school-age children, protecting the local quality of education is a wise investment. Good schools protect property values and keep our community strong.

Vote YES—Support Strong Student Achievement

- Replace leaking roofs, plumbing and electrical systems
- Upgrade aging classrooms, labs and technology infrastructure to support academic instruction in math, science, reading, writing and the arts
- Upgrade outdated fire alarms, classrooms, facilities and security systems to improve school security and meet current safety codes
- Update educational facilities to keep pace with 21st century teaching and learning

Fiscal accountability is required:

- All funds stay local for Portola Valley School District schools
- No funds can be taken away by the State
- No funds can be used for administrators' salaries or pensions
- Independent citizens' oversight and audits ensure funds are spent properly

We must pass Measure ___ to get our fair share of state funding. Measure ___ qualifies our schools to receive up to \$24 million in state matching funds, leveraging local dollars even further.

Join us—vote YES on __.

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

AUG 16 2018

By: [Redacted] DEPUTY CLERK