



OFFICE OF
ASSESSOR-COUNTY CLERK-RECORDER & ELECTIONS
REGISTRATION & ELECTIONS DIVISION
COUNTY OF SAN MATEO

Ballot Measure Primary Argument Submission Form

A ballot argument will 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, the name of the association and the printed name and signature of at least one of its principal officers.

Word count limit for Primary Arguments = 300 words

Ballot Measure _____ for the City of Daly City election to be held on November 3, 2020.

Primary Argument in Favor of Primary Argument Against

This argument is submitted by (check ONLY ONE):

<input type="checkbox"/>	The County of San Mateo Board of Supervisors or the Governing Body of a School District or Special District Name of Governing Body: Contact Person's Printed Name: Phone: _____ Email: _____
<input type="checkbox"/>	Member(s) of the County of San Mateo Board of Supervisors or the Governing Body of a School District or Special District Name of Governing Body: Contact Person's Printed Name: Phone: _____ Email: _____
<input type="checkbox"/>	Bona Fide Association of Citizens If this argument is filed by a bona fide association of citizens, the signers of the argument must be affiliated with the association and be authorized to sign the argument on its behalf. Provide the printed name and signature of at least one principal officer of the association. Name of Association: Contact Person's Printed Name: Phone: _____ Email: _____
<input checked="" type="checkbox"/>	Individual Voters Eligible to Vote on the Measure Contact Person's Printed Name: <u>Adrienne Tissier</u> Phone: _____ Email: _____
<input type="checkbox"/>	Combination of Voters and Associations Contact Person's Printed Name: Phone: _____ Email: _____

Arguments will be emailed to the contact person listed here for review before they are printed in the Sample Ballot & Official Voter Information Pamphlets.

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		Author	Verified
<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. Names and titles listed will be printed in the order that they are listed below. Place a checkmark in the author column if the signer is the author of the argument. A signer can only list one title.</p> <p>If the signers are part of a bona fide association, there is no requirement that they be eligible to vote on the measure. However, for each such signing individual, the title under the signer's name must list the name of that bona fide association and may include their position within that association.</p> <p>By signing below, the undersigned state that they have read the argument and believe it not to be false or misleading.</p> <p>Print information clearly.</p>		<p>Check if the signer is the author of the argument. Authors must be signers.</p>	<p>(FOR OFFICIAL USE ONLY) Staff check once the eligibility of the signer is verified.</p>
1.	<p>Name: <u>Perla Ibarrientos</u></p> <p>Title: <u>Senior Services Advocate</u></p> <p>Phone: [REDACTED]</p> <p>Address: [REDACTED] <u>Daly city, Ca 94015</u></p> <p>Signature: [REDACTED]</p> <p>Date: <u>8-12-2020</u></p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.	<p>Name: <u>David Canepa</u></p> <p>Title: <u>San Mateo County supervisor</u></p> <p>Phone: [REDACTED]</p> <p>Address: [REDACTED] <u>Dc. 94015</u></p> <p>Signature: [REDACTED]</p> <p>Date: <u>8/12/2020</u></p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.	<p>Name: <u>Steve Hawthorne</u></p> <p>Title: <u>Retired Daly city Fire Battalion Chief, Emergency Service Provider</u></p> <p>Phone: [REDACTED]</p> <p>Address: [REDACTED] <u>DALY City CA 94014</u></p> <p>Signature: [REDACTED]</p> <p>Date: <u>08-12-20</u></p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.	<p>Name: <u>Dan Duggan</u></p> <p>Title: <u>Local Business Owner, Duggan's Serra Mortuary, 50+ years in business</u></p> <p>Phone: [REDACTED]</p> <p>Address: [REDACTED] <u>Remove</u></p> <p>Signature: [REDACTED]</p> <p>Date: <u>8-12-20</u></p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.	<p>Name: <u>Adrienne Tissier</u></p> <p>Title: <u>50+ year Daly city Resident and Taxpayer</u></p> <p>Phone: [REDACTED]</p> <p>Address: [REDACTED] <u>DALY city, CA 94015</u></p> <p>Signature: [REDACTED]</p> <p>Date: <u>8/12/20</u></p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Submit a second form (this side only) for alternate signers attached to this form and the argument.

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1.	Name: <u>THOMAS A. NURIS</u> Title: <u>Local Business owner, Law office of Thomas A. Nuris, 40+ years in business</u> Phone: [REDACTED] Email: [REDACTED] Address: [REDACTED] <u>DALY CITY (A 94005)</u> Signature: [REDACTED] Date: <u>08-13-2020</u>		
2.	Name: [REDACTED] Title: Phone: Email: Address: Signature: Date:	<input type="checkbox"/>	<input type="checkbox"/>
3.	Name: Title: Phone: Email: Address: Signature: Date:	<input type="checkbox"/>	<input type="checkbox"/>
4.	Name: Title: Phone: Email: Address: Signature: Date:	<input type="checkbox"/>	<input type="checkbox"/>
5.	Name: Title: Phone: Email: Address: Signature: Date:	<input type="checkbox"/>	<input type="checkbox"/>

Submit a second form (this side only) for alternate signers attached to this form and the argument.

ARGUMENT IN FAVOR OF MEASURE "X"

We must support our community through tough times – vote YES on "X" to support Daly City residents and businesses through our own local recovery! 23

Our local senior population and vulnerable residents are depending on the resources Daly City provides now more than ever. 41 38

- Vote YES on "X" to continue services such as food and wellness checks. 54
- Vote YES on "X" to maintain services for local seniors through the recovery and provide more transportation alternatives for those who cannot drive. 71 70

YES on "X" is an emergency measure ensuring Daly City is prepared for any medical/ catastrophic emergency in the future. 26 92

Yes on "X" funds paramedic, fire and 911 services and updates emergency communication systems. 110

We can't wait for the federal or state government to rescue us during an emergency! Vote YES on "X" so Daly City can be self-reliant in addressing our unique local needs. 140 130

Yes on "X" funds programs retaining local businesses hurt by the pandemic, keeping jobs local while we recover. 155 157

Your Yes on "X" vote supports community priorities identified by hundreds of Daly City residents: 172

- Maintaining emergency life-saving equipment/ apparatus 177
- Maintaining local fire protection/ paramedic services, staffing and capacity 186
- Maintaining Daly City's long-term financial stability 191
- Maintaining 911 emergency response 195
- Keeping streets and public areas healthy, clean and safe 204

Here's what Measure "X" WON'T do: 210

Measure "X" is NOT a tax on your home/property. 220

Measure "X" is NOT applied to food purchased as groceries or prescription medication. 233

By law, Yes on "X" requires every dime be used for local services—none can be taken by Sacramento. Yes on "X" gives you—the Daly City taxpayer -- LOCAL CONTROL. 262 251

Yes on "X" includes tough fiscal safeguards, independent financial audits and public review of expenditures—ensuring responsible spending. 280 276

Join a unanimous City Council, business owners, public safety providers and local leaders—vote Yes on "X". 292 293

Factual information: www.dalycity.org 299

