



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 General to be held on 11-3-2020

Primary Argument in Favor of  Primary Argument Against

**This argument is submitted by (check ONLY ONE):**

<input type="checkbox"/>	<b>The County of San Mateo Board of Supervisors or the Governing Body of a School District or Special District</b> Name of Governing Body: Contact Person's Printed Name: Phone: _____ Email: _____
<input type="checkbox"/>	<b>Member(s) of the County of San Mateo Board of Supervisors or the Governing Body of a School District or Special District</b> Name of Governing Body: Contact Person's Printed Name: Phone: _____ Email: _____
<input checked="" type="checkbox"/>	<b>Bona Fide Association of Citizens</b> 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: <u>Silicon Valley Taxpayers Association</u> Contact Person's Printed Name: <u>MARK HINKLE</u> Phone: _____ Email: _____
<input type="checkbox"/>	<b>Individual Voters Eligible to Vote on the Measure</b> Contact Person's Printed Name: Phone: _____ Email: _____
<input type="checkbox"/>	<b>Combination of Voters and Associations</b> 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: <b>MARK W.A. HINKLE</b></p> <p>Phone: [REDACTED]</p> <p>Address: [REDACTED] <b>Morgan Hill, CA 95037</b></p> <p>Signature: [REDACTED]</p>	<p>Title: <b>President: Silicon Valley Taxpayers Association</b></p> <p>Email: [REDACTED]</p> <p>Date: <b>8-9-2020</b></p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.	<p>Name:</p> <p>Phone:</p> <p>Address:</p> <p>Signature:</p>	<p>Title:</p> <p>Email:</p> <p>Date:</p>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<p>Name:</p> <p>Phone:</p> <p>Address:</p> <p>Signature:</p>	<p>Title:</p> <p>Email:</p> <p>Date:</p>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<p>Name:</p> <p>Phone:</p> <p>Address:</p> <p>Signature:</p>	<p>Title:</p> <p>Email:</p> <p>Date:</p>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<p>Name:</p> <p>Phone:</p> <p>Address:</p> <p>Signature:</p>	<p>Title:</p> <p>Email:</p> <p>Date:</p>	<input type="checkbox"/>	<input type="checkbox"/>

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

## East Palo Alto TOT Argument Against Measure

East Palo Alto currently imposes a 12% Transient Occupancy Tax (TOT) on guests in the hotels, motels, and inns here. Now, the City Council is proposing another tax increase up to 14%.

The City Council wants people who do not live in East Palo Alto and largely do not use city services to pay for the services used by businesses and homeowners who do live and work here in East Palo Alto.

In other words, they want a free ride and stick out of towners with the bill.

Would you do that to your friends, family, or co-workers?

No, because that would be immoral. It is a form of theft.

**If you use city services, shouldn't you be the one to pay for them?**

Do you go to a restaurant and always expect someone else to pick up the tab?

Those who regularly do that are called grifters. Or petty thieves.

Just because the City Council is looking for a free ride and stick it to out of towners to pay the bill/tax, does not make it right.

**Stealing is stealing regardless if a majority approves.**

Making East Palo Alto visitors pay for services that they will not or cannot use, is immoral, so vote **NO on Measure \_\_\_**. Better yet, repeal the existing TOT.

And keeping this tax lower will help local hotels compete for business, encouraging more visitors to stay here, which would help boost the local economy.

To keep our local hotels competitive -- and because stealing from visitors is wrong --

**VOTE NO ON MEASURE \_\_\_.**

For more information, please visit: [www.SVTaxpayers.org](http://www.SVTaxpayers.org)