

AUG 10 2011

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Primary Argument in Favor of Measure _____
By MARK CHURCH, Chief Elections Officer
DEPUTY CLERK

MAIL FAX COUNTER

Our schools are the most important asset in our community and have always been our number one priority. From higher achieving students to greater neighborhood safety to improved property values, quality schools make a difference!

Today, our schools need your help. Your YES vote on Measure _____ will have a lasting positive impact on the quality of our children's classrooms, playgrounds and schools, and our community. By law, Measure _____ funds can only be used to improve *our neighborhood schools and cannot be taken by the State for other uses.*

Measure _____ will:

- Upgrade classrooms and other educational facilities throughout the District with up-to-date computers and technology
- Upgrade fields, playgrounds, playground equipment and athletic fields at every school throughout the District
- Complete the second phase of construction at Parkside Intermediate including building a new science wing, music room, library, and athletic field
- Replace underground gas, water and sewer lines at campuses throughout the District
- Install energy-efficient windows and replace aging doors in older classrooms and facilities

As taxpayers, we agree on the importance of quality schools but also financial safeguards.

Measure _____ makes financial sense and protects taxpayers

- By law, bond money must be spent locally to improve our District
- Bond funds cannot be taken by the State and spent elsewhere
- All spending must be reviewed by an independent citizens' oversight committee
- No money can be used for administrative or teacher salaries

Measure _____ deserves our support because it improves the education of local children, and helps maintain the quality of our community – and that's something we can all support. Please join us and **VOTE YES ON MEASURE _____!**

274
300



Ballot Measure Primary Argument Submission Form

MARK CHURCH, Chief Elections Officer

By: [Signature]

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 San Bruno Park School Dist to be held on _____.

[x] Primary Argument in Favor of

[] Primary Argument Against

This argument is submitted by: (check all that apply)

Form with four sections: 1. The Governing Body of the County of San Mateo, a School District, or a Special District; 2. Member(s) of the Governing Body of the County of San Mateo, a School District, or a Special District; 3. Bona Fide Association of Citizens/Organization; 4. Individual(s) eligible to vote on the measure. Each section includes fields for name, title, phone, email, and signature.

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
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#1

1.	Name: <i>Russ Hanley</i>	Title: <i>Retired Teacher</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Phone: [REDACTED]	Email: [REDACTED]				
	Address: [REDACTED]					
	Signature: [REDACTED]	Date: <i>2 August 2011</i>				
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:				

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

Signers

Registered
 Verified

FOR OFFICIAL USE ONLY

N/A

Signed

MD

Dated

8/10/11

Bona Fide Association

N/A

Signed

Dated

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#2

1.	Name: <i>Karin Cunningham</i>	Title: <i>Parent Teacher Association President / Realtor</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Phone: [Redacted]	Email: [Redacted]				
	Address: [Redacted]					
	Signature: [Redacted]	Date: <i>8-5-11</i>				
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 checked="" type="checkbox"/> Registered	FOR OFFICIAL USE ONLY	Signed <i>MD</i>	Dated <i>8/10/11</i>
Bona Fide Association	<input type="checkbox"/> Verified	N/A	Signed	Dated

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#3

1.	Name: <i>Joseph Capote</i>	Title: <i>Realtor</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Phone: [REDACTED]	Email: [REDACTED]				
	Address: [REDACTED]					
	Signature: [REDACTED]	Date: <i>08/04/2011</i>				
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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Bona Fide Association	<input type="checkbox"/> Verified	N/A	Signed	Dated

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 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

#4

1.	Name: MEGAN CONNERY	Title: parent/educator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Phone: [REDACTED]	Email: [REDACTED]				
	Address: [REDACTED]					
	Signature: [REDACTED]	Date: 8/3/11				
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

Bona Fide Association

Registered
 Verified

FOR OFFICIAL USE ONLY

N/A

N/A

Signed

Signed

MD

Dated

Dated

8/10/11

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1.	Name: <u>John MARINOS</u> Phone: [REDACTED] Address: [REDACTED] Signature: [REDACTED] Date: <u>8/9/11</u>	Title: <u>Parent Teacher Organization</u> <u>P.T.O. TREASURER</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.	Name: [REDACTED] Phone: [REDACTED] Address: [REDACTED] Signature: [REDACTED] Date: [REDACTED]	Title: [REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Name: [REDACTED] Phone: [REDACTED] Address: [REDACTED] Signature: [REDACTED] Date: [REDACTED]	Title: [REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Name: [REDACTED] Phone: [REDACTED] Address: [REDACTED] Signature: [REDACTED] Date: [REDACTED]	Title: [REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Name: [REDACTED] Phone: [REDACTED] Address: [REDACTED] Signature: [REDACTED] Date: [REDACTED]	Title: [REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Signers Registered Verified

Bona Fide Association

FOR OFFICIAL USE ONLY

N/A N/A

Signed MS Dated 8/10/11

Signed _____ Dated _____