

AUG 19 2011

## Argument Against Measure H

MARK CHURCH, Chief Elections Officer  
By Meghan  
DEPUTY CLERK

### WE ARE BROKE

It's no secret that our Federal and State governments are broke — buried under mountains of debt, spending more money than they have, and passing the debt on to our children.

Worse yet, the economy is in recession. Unemployment is sky-high. Home foreclosures are rampant. Wages are down. Prices are up.

\* The response of the San Mateo County Community College District to all these woes?

**A staggering \$546 million bond measure!**

**Liabile to be over one BILLION dollars in principal and interest!**

### We don't need more debt

In 2001 and 2005, voters already approved 2 mega bond measures to modernize and upgrade SMCCCD facilities — borrowing \$207 million (Measure C) and \$468 million (Measure A).

For San Mateo County's 253,000 households, Measure H means increasing the average obligation from roughly \$5500 to \$10,000 per household, including interest.

San Mateo County families are already struggling in this economy. The last things they need right now are more taxes and more debt.

Every dollar taxed away is a dollar they can't use for food, clothes, housing, or other essentials. These are hard times, and hard choices have to be made.

**Now is NOT the time for another huge bond measure!**

**Vote NO on Measure H!**

2011



# 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 Consolidated Municipal, school, and special district

Ballot Measure H for the election to be held on November 8, 2011

Primary Argument in Favor of  Primary Argument Against

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

<input type="checkbox"/>	<b>The Governing Body of the County of San Mateo, a School District, or a Special District</b> 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"/>	<b>Member(s) of the Governing Body of the County of San Mateo, a School District, or a Special District</b> 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 checked="" type="checkbox"/>	<b>Bona Fide Association of Citizens/Organization</b> 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: <u>Libertarian Party of San Mateo County</u>	
Principal Officer's Printed Name and Title: <u>Harland Harrison, Chair</u>	Principal Officer's Signature: 
Contact Person's Printed Name: <u>Harland Harrison</u>	Email: 
Phone: 	Fax: 
<input checked="" type="checkbox"/>	<b>Individual(s) eligible to vote on the measure</b> Individual signers must be eligible to vote on the measure.
Contact Person: <u>DON PETTENGILL</u>	Phone: 
Mailing Address: 	
Fax: 	Email: 

Please complete the reverse side of this form.



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Word count limit for Primary Arguments = 300 Consolidated Municipal, school, and special district election

Ballot Measure H for the Consolidated Municipal, school, and special district election to be held on November 8, 2011.

Primary Argument in Favor of  Primary Argument Against

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

**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:

**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:

**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:  
Silicon Valley Taxpayers' Association  
Principal Officer's Printed Name and Title: John Roeder, President Principal Officer's Signature: [Redacted]  
Contact Person's Printed Name: John Roeder Email: [Redacted]  
Phone: [Redacted] Fax: [Redacted]

**Individual(s) eligible to vote on the measure**  
Individual signers must be eligible to vote on the measure.

Contact Person: Phone:  
Mailing Address:  
Fax: Email:

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.

1. Name: John Roeder Title: President, Silicon Valley Taxpayers Association

Phone: [REDACTED] Email: [REDACTED]

Address: [REDACTED]

Signature: [REDACTED] Date: 8-19-11

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]

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

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

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2	Name: JOHN J. "JACK" HICKEY Title: HEALTHCARE DISTRICT DIRECTOR Phone: [REDACTED] Address: [REDACTED] Signature: [REDACTED] Date: 8/18/2011	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.	Name: [REDACTED] Title: [REDACTED] Phone: [REDACTED] Address: [REDACTED] Signature: [REDACTED] Date: [REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Name: [REDACTED] Title: [REDACTED] Phone: [REDACTED] Address: [REDACTED] Signature: [REDACTED] Date: [REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Name: [REDACTED] Title: [REDACTED] Phone: [REDACTED] Address: [REDACTED] Signature: [REDACTED] Date: [REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Name: [REDACTED] Title: [REDACTED] Phone: [REDACTED] Address: [REDACTED] Signature: [REDACTED] Date: [REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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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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3	Name: Harland Harrison Title: Chair, Libertarian Party of San Mateo County Phone: [REDACTED] Email: [REDACTED] Address: [REDACTED] Signature: [REDACTED] Date: 8-18-11	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.	Name: _____ Title: _____ Phone: _____ Email: _____ Address: _____ Signature: _____ Date: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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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 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: <i>Frederick A. Graham</i>	Title: <i>Retired Engineer</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Phone: [REDACTED]	Email: [REDACTED]				
	Address: [REDACTED]					
	Signature: [REDACTED]	Date: <i>18 Aug '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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5	Name: DON PETTENGILL	Title: San Mateo Resident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Phone: [REDACTED]	Email: [REDACTED]				
	Address: [REDACTED]					
	Signature: [REDACTED]	Date: 8/18/2011				
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