

**REBUTTAL TO ARGUMENT AGAINST MEASURE T: 250 Words**

Measure T has nothing to do with taxing personal vehicles of San Mateo County residents but will instead levy a small fee on car rental facilities in and around SFO. 15  
13

Those organizing opposition to this measure are not from San Mateo County and have no vested interest in the local services this fee will support. 14  
9

Despite the opponents' claims of challenging economic times, business at SFO has almost never been better. 15  
1

In fact, according to recent reports, the airport has seen sustained growth for eight successive years. In 2011, SFO's passenger count was 41.0 million, a 4.2% increase over 2010 and just shy of its all-time record high of 41.1 million passengers set in 2000. 17  
20  
9

In addition, the City of San Francisco, due to its ownership of SFO, reaps approximately \$46 million a year from vehicle rental facilities around the airport while San Mateo County derives pennies in comparison. 16  
13  
1

All of the revenue derived from this measure will support existing services provided by San Mateo County, **as required by law**, including a broad range of health and human services, the county hospital, public safety services as well as county parks and libraries. 15  
16  
10

Don't be fooled by out of town interests. San Mateo County residents must contend with all of the traffic and pollution caused by vehicles transiting through our county to and from these facilities. This measure simply allows local residents to derive a modest benefit in return. 16  
16  
17.

Vote **YES** for San Mateo County by voting **YES** on Measure T. 10

250 words

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

MAR 28 2012

MARK CHURCH, Chief Elections Officer

By: \_\_\_\_\_  
DEPUTY CLERK



## Authorization Form Change in Preparer, Submitter, or Signer of Rebuttal Arguments

PLEASE ONLY COMPLETE SECTIONS THAT ARE APPLICABLE

Authorization must be provided by the original author(s) of the primary argument(s) in favor of or against the specified measure, when a different person(s) will prepare, submit or sign the rebuttal argument. *California Elections Code* §9167, §9317, §9504

The undersigned author(s) hereby authorize(s) the following individual(s) (up to five) to sign prepare, or submit (whichever is applicable) the rebuttal argument to the primary argument in favor of/against Measure T for the election to be held on June 5, 2012  
(date of election)

**I. NEW SIGNER(S):**

Name of Rebuttal Argument Signer: ~~Bob [unclear]~~

Name of Rebuttal Argument Signer: Mike Neuw

Name of Rebuttal Argument Signer: Dave Price

Name of Rebuttal Argument Signer: Julia Bott

Name of Rebuttal Argument Signer: \_\_\_\_\_

**II. NEW PREPARER(S):**

Name of Rebuttal Argument Preparer: David Burruto

Name of Rebuttal Argument Preparer: \_\_\_\_\_

**III. NEW SUBMITTER(S):**

Name of Rebuttal Argument Submitter: David Burruto

Name of Rebuttal Argument Submitter: \_\_\_\_\_

**NAME(S) & SIGNATURE(S) OF PRIMARY ARGUMENT AUTHOR(S):**

David Burruto, David Burr  
Printed Name and Signature of Author

3/26/12  
Date

\_\_\_\_\_  
Printed Name and Signature of Author

\_\_\_\_\_  
Date



# Ballot Measure Argument Rebuttal Submission Form

If both an argument in favor of and against a measure have been selected for publication in the voter information pamphlet, a rebuttal to the argument in favor of or the argument against the measure may be submitted as outlined in this form.

The author of the argument in favor of the measure may prepare and submit a rebuttal argument to the argument against the measure or may authorize in writing any other person or persons to prepare, submit, or sign the rebuttal argument. Likewise, the author of the argument against the measure may prepare and submit a rebuttal argument to the argument in favor of the measure or may authorize in writing any other person or persons to prepare, submit, or sign the rebuttal argument.

A rebuttal 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.

Word count limit for Rebuttal Arguments = 250

The rebuttal arguments shall be submitted to the elections official conducting the election no later than \_\_\_\_\_.

These rules apply to all rebuttal arguments unless a rebuttal argument is otherwise provided by law.

Ballot Measure I for the Primary Election to be held on June 5, 2012.

Rebuttal to Argument in Favor of Measure \_\_\_\_\_  Rebuttal to Argument Against Measure I

### Signed by Exact Same Individual(s) as Argument Already Selected for the Voter Information Pamphlet

If you are submitting a rebuttal argument and the individual(s) signing the rebuttal argument are the same as the individual(s) signing the original Ballot Measure Primary Argument Submission Form, check the following box and complete the back side of this form.

Rebuttal Argument Is Signed by Same Individual(s) as Argument Already Selected For the Voter Information Packet

### Submitted by Different Individual(s) as the Opposing Primary Argument

If the rebuttal argument is signed by anyone different than the signer(s) of the Ballot Measure Primary Argument Submission Form already submitted—including whether there is only one different individual or whether there are up to five new individuals—you must complete the section below, complete the back side of this form, and attach to this form the written authorization by the author that indicates: (i) your name(s); and (ii) the author's name, contact information, statement of authorization, and signature.

|   |                      |
|---|----------------------|
| Contact Person:<br><u>David Burruto</u> | Phone:<br>[REDACTED] |
| Mailing Address:<br>[REDACTED]          |                      |
| Fax:<br>[REDACTED]                      | Email:<br>[REDACTED] |

Please complete the reverse side of this form.

# Rebuttal 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, 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 of the Governing Body of San Mateo County, a School District, or a Special District | Bona Fide Association of Citizens/Organization | Individual |
|--|--|--|------------|

|    |                                 |  |                          |                                     |                          |                                     |
|----|---------------------------------|--|--------------------------|-------------------------------------|--------------------------|-------------------------------------|
| 1. | Name: <i>Adrienne J. Tisser</i> | Title: <i>San Mateo County Board of Supervisor President</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
|    | Phone: [Redacted]               | Email: [Redacted]  |                          |                                     |                          |                                     |
|    | Address: [Redacted]             |  |                          |                                     |                          |                                     |
|    | Signature: <i>[Signature]</i>   | Date: <i>3/23/12</i>   |                          |                                     |                          |                                     |
| 2. | Name: <i>Anne E. Campbell</i>   | Title: <i>San Mateo County Superintendent of Schools</i>     | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
|    | Phone: [Redacted]               | Email: [Redacted]  |                          |                                     |                          |                                     |
|    | Address: [Redacted]             |  |                          |                                     |                          |                                     |
|    | Signature: <i>A E Campbell</i>  | Date: <i>3/23/12</i>   |                          |                                     |                          |                                     |
| 3. | Name: <i>Dave Pine</i>          | Title: <i>San Mateo County Supervisor</i>                    | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            |
|    | Phone: [Redacted]               | Email: [Redacted]  |                          |                                     |                          |                                     |
|    | Address: [Redacted]             |  |                          |                                     |                          |                                     |
|    | Signature: <i>[Signature]</i>   | Date: <i>3/26/12</i>   |                          |                                     |                          |                                     |
| 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.**

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

1. Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

4  2. Name: *Michael D. NEVIN* Title: *EXECUTIVE DIRECTOR*

Phone: [REDACTED] Email: [REDACTED]

Address: [REDACTED]

Signature: *Michael D. Nevin* Date: *3-26-12*

3. Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

4. Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

5. Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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|--|--|--|------------|

5

|    |                               |  |                          |                          |                                     |                                     |
|----|-------------------------------|--|--------------------------|--------------------------|-------------------------------------|-------------------------------------|
| 1. | Name: <u>Julia Bott</u>       | Title: <u>SAN MATEO COUNTY PARKS EXECUTIVE DIRECTOR FOUNDATION</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
|    | Phone: [REDACTED]             | Email: [REDACTED]  |                          |                          |                                     |                                     |
|    | Address: [REDACTED]           |  |                          |                          |                                     |                                     |
|    | Signature: <u>[Signature]</u> | Date: <u>5-26-12</u>   |                          |                          |                                     |                                     |
| 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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