

[Hotel Tax Ballot Argument Against – 297 words (300 word max)]

Argument Against Measure U

Politicians Dreamed Up This Tax Scheme Behind Closed Doors

This massive tax hike measure was put on the ballot at the last minute by politicians and bureaucrats, not by the people of San Mateo County.

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Nothing Guaranteed for Police, Fire or Schools

There is nothing in this tax scheme to force the politicians use the money for essential services like police, fire and schools that deserve funding. If we're going to raise taxes, we need controls to ensure the money is spent on what matters most – education, public safety, and job creation.

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Politicians Free to Waste our Tax Dollars

This initiative has no guidelines whatsoever to prevent politicians from wasting the money raised by this massive tax hike. It can be spent on anything – including cars, perks, salaries and pensions for politicians.

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An Eternal Tax Hike

There is no end date on this new tax – it goes on forever – without any requirement to evaluate the harm it's causing to our jobs and economy, or to see if the money is being wasted.

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Fewer Jobs and More Pain for Our Small Businesses

This massive increase in our hotel tax will cause tourism losses. Tourism generates \$8.3 billion for our region and supports 67,000 local jobs – it is one of our most critical economic engines. A massive 20% increase in our hotel tax means fewer jobs and more problems for small businesses already facing tough times.

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San Mateo County Can't Afford this Huge Tax Hike Right Now

San Mateo County already imposes some of the highest taxes in all of California and the entire nation. We're still emerging from a severe economic crisis, gas prices are high, small businesses are suffering, and too many families are struggling to make ends meet. The last thing we need right now is a 20% tax increase.

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

MAR 16 2012

MARK OFLURCH, Chief Elections Officer

By: 
DEPUTY CLERK

298 words



Ballot Measure Primary Argument Submission Form

MAR 16 2012

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 U for the Primary Election to be held on June 5, 2012.

Primary Argument in Favor of Primary Argument Against U

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

<input type="checkbox"/>	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:
<input type="checkbox"/>	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:
<input checked="" type="checkbox"/>	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: Taxpayers for a Strong Economy, Sponsored by the Local Tourism Industry	
	Principal Officer's Printed Name and Title: Elli Abdoli, Assistant Treasurer	Principal Officer's Signature:
	Contact Person's Printed Name: Elli Abdoli	Email: [Redacted]
	Phone: [Redacted]	Fax: [Redacted]
<input type="checkbox"/>	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 complete this form and submit it to the clerk of the court. Check the box that applies to the signer.

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. Name: Juan Dominguez Title: Manager at a small business
 Phone: [Redacted] Email: [Redacted]
 Address: [Redacted]
 Signature: [Signature] Date: 3/15/12

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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6 alternate

2. Name: Margie Kline Title: manager at a small business
 Phone: [Redacted] Email: [Redacted]
 Address: [Redacted]
 Signature: [Signature] Date: 3/15/12

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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3. Name: Michelle Rosa Title: small business owner
 Phone: [Redacted] Email: [Redacted]
 Address: [Redacted]
 Signature: [Signature] Date: 3/15/12

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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4. Name: [Redacted] Title: Pr...@...net
 Phone: [Redacted] Email: [Redacted]
 Address: [Redacted]
 Signature: [Signature] Date: 1-1-10

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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5. Name: [Redacted] Title: [Redacted]
 Phone: [Redacted] Email: [Redacted]
 Address: [Redacted]
 Signature: [Redacted] Date: [Redacted]

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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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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5

1.	Name: CLIFTON CLARK	Title: SFO AIRPORT MARRIOTT GENERAL MANAGER	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Phone: [REDACTED]	Email: [REDACTED]				
	Address: [REDACTED]					
	Signature: [Signature]	Date: 3-15-12				
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"/>
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1. <input checked="" type="checkbox"/>	Name: Kelly Hunt	Title: Regional Vice President	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Phone: [REDACTED]	Email: Enterprise Rent-a-car Company of San Francisco				
	Address: [REDACTED]					
	Signature: Kelly Hunt	Date: 3/16/2012				
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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1.	Name: <u>JIM MCGUIRE</u>	Title: <u>Best Western Grosvenor General Manager</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Phone: [REDACTED]	Email: [REDACTED]				
	Address: [REDACTED]					
	Signature: <u>[Signature]</u>	Date: <u>3/15/12</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:				
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	Address:					
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