

Rebuttal to Argument in Favor of Measure X

We heard all this before, in 2008. Those excuses were lame then, and they are lame now. The real cause of San-Mateo County's ongoing budget deficits is irresponsible spending, particularly on employee salaries and benefits:

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San Mateo County Budget, All Funds

	<u>2001-02</u>	<u>2011-12</u>	<u>Increase</u>
Revenue	\$949,133,697	\$1,353,464,134	43%
Salaries/Benefits	\$389,676,928	\$739,333,141	90%
\$ per Equivalent Full Time Employee	\$80,080	\$144,885	81%

No tax can keep up with this kind of spending!

We said this in 2008, but even we did not foresee an average County employee at \$144,000 in salary and benefits! In 2007, the County Manager warned:

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“Rapidly increasing salaries and benefits are one of the factors causing the structural deficit ... Will future County salary and benefit increases be consistent with revenue growth and/or productivity increases?”

In the last two years alone, salary and benefit increases total over \$60 million, more than twice next year's projected \$28 million budget deficit. But instead of addressing this spending crisis, the County wants higher taxes?

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New taxes will damage our local travel industry, worsen unemployment, and increase the already high cost of living in San Mateo County. Pushing the County's budget failures onto the backs of struggling workers is both cruel and senseless.

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Proponents assert that higher taxes will somehow ensure San Mateo County remains “enjoyable and prosperous”. That’s just silly.

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Reject this hastily approved and ill-conceived measure.

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VOTE NO on Measure X !

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

MAR 23 2012

MARK CHURCH, Chief Elections Officer

By: _____
DEPUTY CLERK

238 words



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 X for the election to be held on June 5, 2012
(date of election)

I. NEW SIGNER(S):

Name of Rebuttal Argument Signer: John Roeder

Name of Rebuttal Argument Signer: _____

Name of Rebuttal Argument Signer: _____

Name of Rebuttal Argument Signer: _____

Name of Rebuttal Argument Signer: _____

II. NEW PREPARER(S):

Name of Rebuttal Argument Preparer: _____

Name of Rebuttal Argument Preparer: _____

III. NEW SUBMITTER(S):

Name of Rebuttal Argument Submitter: _____

Name of Rebuttal Argument Submitter: _____

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

Sean Welch
Printed Name and Signature of Author
Taxpayers for a Strong Economy
Printed Name and Signature of Author

March 26, 2012
Date

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

Rebuttal to Argument in Favor of Measure X Rebuttal to Argument Against Measure _____

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: Sean Welch	Phone: [REDACTED]
Mailing Address: [REDACTED]	
Fax: [REDACTED]	Email: [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 <u>one</u> box that applies.			
<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.</p> <p>Names and titles listed will be printed in the order that they are listed below.</p> <p>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.</p> <p>By signing below, the undersigned state that they have read the argument and believe it not to be false or misleading.</p>		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.	<p>Name: <i>Michelle Rosas</i></p> <p>Title: <i>Small Business Owner</i></p> <p>Phone: [REDACTED]</p> <p>Email: [REDACTED]</p> <p>Address: [REDACTED]</p> <p>Signature: <i>[Signature]</i></p> <p>Date: <i>3/23/10</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.	<p>Name:</p> <p>Title:</p> <p>Phone:</p> <p>Email:</p> <p>Address:</p> <p>Signature:</p> <p>Date:</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<p>Name:</p> <p>Title:</p> <p>Phone:</p> <p>Email:</p> <p>Address:</p> <p>Signature:</p> <p>Date:</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<p>Name:</p> <p>Title:</p> <p>Phone:</p> <p>Email:</p> <p>Address:</p> <p>Signature:</p> <p>Date:</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<p>Name:</p> <p>Title:</p> <p>Phone:</p> <p>Email:</p> <p>Address:</p> <p>Signature:</p> <p>Date:</p>	<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.

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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1. Name: **JOHN ROEDER** Title: **PRESIDENT, SILICON VALLEY TAXPAYERS' ASSOCIATION**

Phone: [REDACTED] Email: [REDACTED]

Address: [REDACTED]

Signature: *John Roeder* Date: **3-22-12**

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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2. Name: _____ Title: _____

Phone: _____ Email: _____

Address: _____

Signature: _____ Date: _____

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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3. Name: _____ Title: _____

Phone: _____ Email: _____

Address: _____

Signature: _____ Date: _____

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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4. Name: _____ Title: _____

Phone: _____ Email: _____

Address: _____

Signature: _____ Date: _____

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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5. Name: _____ Title: _____

Phone: _____ Email: _____

Address: _____

Signature: _____ Date: _____

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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3	1.	Name: <u>Juan Dominguez</u> Title: <u>Small Business Manager</u> Phone: [REDACTED] Address: [REDACTED] Signature: <u>[Signature]</u> Date: <u>3/22/12</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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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4 1. Name: Kelly Hunt Title: Regional Vice President

Phone: [Redacted] Email: Enterprise Rent-a-Car Company of San Francisco

Address: [Redacted]

Signature: Kelly Hunt Date: 3/22/12

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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2. Name: Title:

Phone: Email:

Address:

Signature: Date:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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3. Name: Title:

Phone: Email:

Address:

Signature: Date:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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4. Name: Title:

Phone: Email:

Address:

Signature: Date:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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5. Name: Title:

Phone: Email:

Address:

Signature: Date:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Bona Fide Association Verified N/A Signed Dated

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1.	Name: <u>Jim McGuire</u>	Title: <u>Best Western Erosvenor 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>3-23-12</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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