

[Parking Tax Argument Against – 238 words]

Argument Against Measure X

In 2008, voters rejected proposed San Mateo County taxes on parking and auto rentals. Now, these same measures, plus a hotel tax, are back. Together, they represent a \$13 million a year tax increase!

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When those earlier tax measures failed in 2008, the economy was bad. Record mortgage delinquencies and foreclosures. Soaring food and energy (especially gas) prices. Increased unemployment. But these days, people are *really* hurting, with *even higher* food and gas prices. Long-term unemployment is the worst since the Great Depression, and people are still losing their homes.

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New taxes make even less sense now than they did in 2008!

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Voters know very well who will suffer if these taxes are imposed. We'll pay more for airport parking, hotel rooms and rental cars, if these taxes pass. Even restaurant valet and paid hotel parking will be taxed.

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Worse yet, workers in these affected businesses will face reduced job security as their employers scramble to cut costs to pay the county. These taxes hit those businesses and workers hardest of all. Taxes like these that target just a few selected services are outrageously unfair to those workers.

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How does San Mateo County plan to use these new tax revenues? They are general taxes and the county can spend them *however it likes*.

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Measure X will increase the already high cost of living here. It will hurt workers and damage our travel industry. We just can't afford to give San Mateo County a blank check in these hard times! Please,

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Vote NO on Measure X !

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

MAR 16 2012

MARK CHURCH, Chief Elections Officer

By: _____
DEPUTY CLERK

111 words



Ballot Measure Primary Argument Submission Form

MAR 16 2012

By: [Signature] DEPUTY CLERK

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

Primary Argument in Favor of [] Primary Argument Against X

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:
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: [Signature]
Contact Person's Printed Name: Elli Abdoli
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 signature must be printed in which column it they are signing. Check the sign 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. Name: Juan Dominguez Title: Manager at a small business
 Phone: [Redacted] Email: [Redacted]
 Address: [Redacted]
 Signature: [Signature] Date: 3/15/12

alternate

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

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3. Name: Michelle Rosas Title: small business owner
 Phone: [Redacted] Email: [Redacted]
 Address: [Redacted]
 Signature: [Signature] Date: 3/15/12

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]

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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2

1.	Name: Jim McGuire	Title: Best Western Grosvenor GENERAL MANAGER	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Phone: [REDACTED]	Email: [REDACTED]				
	Address: [REDACTED]					
	Signature: <i>[Signature]</i>	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"/>
	Phone:	Email:				
	Address:					
	Signature:	Date:				

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<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"/>

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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: 3/16/2012

2. Name: _____ Title: _____
 Phone: _____ Email: _____
 Address: _____
 Signature: _____ Date: _____

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

(5)

1.	Name: CLIFTON CLARK	Title: SFAIRPORT 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"/>
	Phone:	Email:				
	Address:					
	Signature:	Date:				

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