



OFFICE OF
ASSESSOR-COUNTY CLERK-RECORDER & ELECTIONS
REGISTRATION & ELECTIONS DIVISION
COUNTY OF SAN MATEO

Ballot Measure Primary Argument Submission Form

A ballot argument will 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, the name of the association and the printed name and signature of at least one of its principal officers.

Word count limit for Primary Arguments = 300 words

Ballot Measure H for the Primary Election to be held on June 7, 2022

Primary Argument in Favor of H Primary Argument Against

This argument is submitted by (check ONLY ONE):

| | |
|-------------------------------------|---|
| <input type="checkbox"/> | The County of San Mateo Board of Supervisors or the Governing Body of a School District or Special District Name of Governing Body: Contact Person's Printed Name: Phone: _____ Email: _____ |
| <input type="checkbox"/> | Member(s) of the County of San Mateo Board of Supervisors or the Governing Body of a School District or Special District Name of Governing Body: Contact Person's Printed Name: Phone: _____ Email: _____ |
| <input type="checkbox"/> | Bona Fide Association of Citizens If this argument is filed by a bona fide association of citizens, the signers of the argument must be affiliated with the association and be authorized to sign the argument on its behalf. Provide the printed name and signature of at least one principal officer of the association. Name of Association: Contact Person's Printed Name: Phone: _____ Email: _____ |
| <input checked="" type="checkbox"/> | Individual Voters Eligible to Vote on the Measure Contact Person's Printed Name: <u>Elizabeth Collins Seybold</u> Phone: [REDACTED] Email: [REDACTED] |
| <input type="checkbox"/> | Combination of Voters and Associations Contact Person's Printed Name: Phone: _____ Email: _____ |

Arguments will be emailed to the contact person listed here for review before they are printed in the Sample Ballot & Official Voter Information Pamphlets.

Please complete the reverse side of this form.

40 Tower Road, San Mateo, CA 94402

P 650.312.5222 F 650.312.5348 email registrar@smcacre.org web www.smcacre.org

| Primary Argument Signers Form | | Author | Verified | |
|---|--|--|--|-------------------------------------|
| <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. Names and titles listed will be printed in the order that they are listed below. Place a checkmark in the author column if the signer is the author of the argument. A signer can only list one title.</p> <p>If the signers are part of a bona fide association, there is no requirement that they be eligible to vote on the measure. However, for each such signing individual, the title under the signer's name must list the name of that bona fide association and may include their position within that association.</p> <p>By signing below, the undersigned state that they have read the argument and believe it not to be false or misleading.</p> <p>Print information clearly.</p> | | <p>Check if the signer is the author of the argument. Authors must be signers.</p> | <p>(FOR OFFICIAL USE ONLY) Staff check once the eligibility of the signer is verified.</p> | |
| 1. | <p>Name: LAURENCE MAY</p> <p>Phone: [REDACTED]</p> <p>Address: [REDACTED] HILLSBOROUGH, CA 9400</p> <p>Signature: [REDACTED]</p> <p>Date: 3/14/2022</p> | <p>Title: CITY COUNCILMEMBER</p> <p>Email: [REDACTED]</p> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2. | <p>Name: [REDACTED]</p> <p>Phone: [REDACTED]</p> <p>Address: [REDACTED]</p> <p>Signature: [REDACTED]</p> <p>Date: [REDACTED]</p> | <p>Title: [REDACTED]</p> <p>Email: [REDACTED]</p> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | <p>Name: [REDACTED]</p> <p>Phone: [REDACTED]</p> <p>Address: [REDACTED]</p> <p>Signature: [REDACTED]</p> <p>Date: [REDACTED]</p> | <p>Title: [REDACTED]</p> <p>Email: [REDACTED]</p> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. | <p>Name: [REDACTED]</p> <p>Phone: [REDACTED]</p> <p>Address: [REDACTED]</p> <p>Signature: [REDACTED]</p> <p>Date: [REDACTED]</p> | <p>Title: [REDACTED]</p> <p>Email: [REDACTED]</p> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. | <p>Name: [REDACTED]</p> <p>Phone: [REDACTED]</p> <p>Address: [REDACTED]</p> <p>Signature: [REDACTED]</p> <p>Date: [REDACTED]</p> | <p>Title: [REDACTED]</p> <p>Email: [REDACTED]</p> | <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.

Primary Argument Signers Form

Author

Verified

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Print information clearly.

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(FOR OFFICIAL USE ONLY)
Staff check once the eligibility of the signer is verified.

| | | | | | | |
|---|------------|------------------------|--------|------------------------------------|-------------------------------------|-------------------------------------|
| 1 | Name: | Marie Chuang | Title: | Town of Hillsborough Councilmember | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| | Phone: | [REDACTED] | Email: | [REDACTED] | | |
| | Address: | Hillsborough, CA 94010 | | | | |
| | Signature: | [REDACTED] | Date: | 3/14/2022 | | |
| | | | | | | |
| 2 | Name: | [REDACTED] | Title: | | <input type="checkbox"/> | <input type="checkbox"/> |
| | Phone: | | Email: | | | |
| | Address: | | | | | |
| | Signature: | | Date: | | | |
| | | | | | | |
| 3 | Name: | | Title: | | <input type="checkbox"/> | <input type="checkbox"/> |
| | Phone: | | Email: | | | |
| | Address: | | | | | |
| | Signature: | | Date: | | | |
| | | | | | | |
| 4 | Name: | | Title: | | <input type="checkbox"/> | <input type="checkbox"/> |
| | Phone: | | Email: | | | |
| | Address: | | | | | |
| | Signature: | | Date: | | | |
| | | | | | | |
| 5 | Name: | | Title: | | <input type="checkbox"/> | <input type="checkbox"/> |
| | Phone: | | Email: | | | |
| | Address: | | | | | |
| | Signature: | | Date: | | | |
| | | | | | | |

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|---|--|---|---|
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| 1. | Name: _____ Title: _____ Phone: _____ Email: _____ Address: _____ Signature: _____ Date: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | Name: _____ Title: _____ Phone: _____ Email: _____ Address: _____ Signature: _____ Date: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | Name: <u>Mary Ellen Benninger</u> Title: <u>Former Hillsborough City School District Trustee</u> Phone: [REDACTED] Email: [REDACTED] Address: [REDACTED] <u>Hillsborough CA 94010</u> Signature: [REDACTED] Date: <u>March 17, 2022</u> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4. | Name: _____ Title: _____ Phone: _____ Email: _____ Address: _____ Signature: _____ Date: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. | Name: _____ Title: _____ Phone: _____ Email: _____ Address: _____ Signature: _____ Date: _____ | <input type="checkbox"/> | <input type="checkbox"/> |

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|---|--|-------------------------------------|---|---|
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| 1. | Name: | Title: | <input type="checkbox"/> | <input type="checkbox"/> |
| | Phone: | Email: | | |
| | Address: | | | |
| | Signature: | Date: | | |
| 2. | Name: | Title: | <input type="checkbox"/> | <input type="checkbox"/> |
| | Phone: | Email: | | |
| | Address: | | | |
| | Signature: | Date: | | |
| 3. | Name: | Title: | <input type="checkbox"/> | <input type="checkbox"/> |
| | Phone: | Email: | | |
| | Address: | | | |
| | Signature: | Date: | | |
| 4. | Name: <i>Barbara Regan</i> | Title: <i>Resident for 60 years</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | Phone: [REDACTED] | Email: [REDACTED] | | |
| | Address: [REDACTED] <i>Hillsborough, CA, 94010</i> | | | |
| | Signature: [REDACTED] | Date: <i>March 16, 2022</i> | | |
| 5. | Name: [REDACTED] | Title: | <input type="checkbox"/> | <input type="checkbox"/> |
| | Phone: | Email: | | |
| | Address: | | | |
| | Signature: | Date: | | |

(4)

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

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|---|---|----------------------------|---|--|--------------------------|--------------------------|
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| 1. | Name: | Title: | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | Phone: | Email: | | | | |
| | Address: | | | | | |
| | Signature: | Date: | | | | |
| 2. | Name: | Title: | <input type="checkbox"/> | <input type="checkbox"/> | | |
| | Phone: | Email: | | | | |
| | Address: | | | | | |
| | Signature: | Date: | | | | |
| 3. | Name: | Title: | <input type="checkbox"/> | <input type="checkbox"/> | | |
| | Phone: | Email: | | | | |
| | Address: | | | | | |
| | Signature: | Date: | | | | |
| 4. | Name: | Title: | <input type="checkbox"/> | <input type="checkbox"/> | | |
| | Phone: | Email: | | | | |
| | Address: | | | | | |
| | Signature: | Date: | | | | |
| 5. | Name: Mary C. Torello | Title: HCSD Teacher & Alum | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| | Phone: [REDACTED] | Email: [REDACTED] | | | | |
| | Address: [REDACTED] Hillsborough CA 94010 | | | | | |
| | Signature: [REDACTED] | Date: 3-16-2022 | | | | |

5

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

Argument in Favor of Measure H
Hillsborough City School District

Vote YES on H to repair and upgrade Hillsborough public school facilities to support quality academic instruction.

We are fortunate to have California and National Distinguished Schools here in Hillsborough. However, most of our elementary and middle school classrooms, science labs and school structures were built more than 60 years ago. Our facilities need to be updated to meet current instructional standards as well as health and safety codes.

Voting YES on H will update classrooms and labs for advanced programs in science, technology, engineering, arts and math so our students are well- prepared for high school, college and beyond.

All money raised by Measure H will be controlled locally and can only be spent on our Hillsborough schools.

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9 Measure H will address urgent and critical school improvements, including:

- 10 • Upgrading classrooms for science, technology, engineering, arts and math instruction
- 11 • Repairing and upgrading deteriorating roofs, plumbing, electrical, heating and cooling systems
- 4 • Improving classroom instructional technology
- 12 • Upgrading schools to meet current earthquake, fire safety and ADA accessibility standards
- 6 • Replacing aging portables with permanent classrooms
- 13 • Installing solar panels to reduce utility costs and save money for classroom programs

5 Measure H requires strict fiscal accountability:

- 15 — • All funds must be spent improving Hillsborough schools and cannot be taken by the State
- 9 — • An independent citizens' oversight committee, annual audits and public spending disclosure ensure funds are spent as promised
- 6 — • No money can be used for administrator salaries or pensions
- 10

Voting Yes on H helps Hillsborough schools qualify for millions in State matching money.

Even if you don't have school-age children, improving our schools is a wise investment for the whole community. High-quality schools attract families and increase our home values.

Please join parents, teachers and our community's respected leaders and vote YES on H for Hillsborough schools and students.

FILED IN THE OFFICE OF THE
CHIEF ELECTIONS OFFICER
OF SAN MATEO COUNTY

MAR 18 2022

MARK [REDACTED]
By: [REDACTED]
DEPUTY CLERK

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