

Argument in Favor of Measure B

Vote YES on B to protect high-quality education in our local Cabrillo Unified School District schools, without increasing taxes by a single penny.

Good local schools help make our community a desirable place to live. By keeping our Coastside schools strong, we keep our community strong. That is why your Yes vote on Measure B is essential.

Measure B renews existing, voter-approved funding for our schools that supports the keys to student success: strong academic programs and classroom instruction. This secure, stable source of funding is set to expire soon unless we pass Measure B.

Measure B continues programs that prepare students for college and careers, Advanced Placement courses and hands-on science curriculum for students. It retains skilled teachers and provides them with ongoing training to maintain strong education in our schools.

Measure B shields our schools from the instability of the state budget by securing stable, local funding that students can count on—money that will stay local and be used right here in our community to keep our schools strong.

Vote YES on B to:

- Preserve strong academic reading, writing, math and science programs
- Retain qualified teachers and staff and provide ongoing training and professional development
- Protect programs to keep struggling students on the right track
- Maintain and support classroom technology
- Keep all of the District's schools open

Measure B Requires Fiscal Accountability:

- The independent Citizens' Oversight Committee will continue to ensure funds are spent as promised
- None of the funds could be used for administrators' salaries, benefits or pensions
- Homeowners aged 65 or older will continue to be eligible to receive an exemption
- Measure B will expire in 5 years and cannot be renewed without voter approval

Please join parents, teachers, retirees and Coastside leaders—vote Yes on B to continue strong education in our community.

focus.coastside.net

Signers:

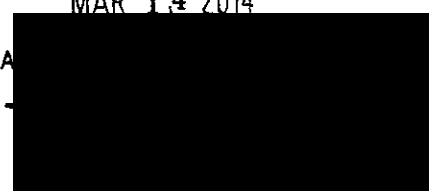
1. **Lenny Mendonca**, Local Business Owner
2. **Sandra Andreini**, Former Cabrillo Unified School District PTO President
3. **Jill Balard**, Retired, 40-year Montara Resident
4. **Judy Macias**, Sonrisas' Community Dental Center Founding Board Member
5. **Steve Johnson**, Chair, Cabrillo Unified School District Measure E Citizens' Oversight Committee

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FILED IN THE OFFICE OF THE CHIEF ELECTIONS OFFICER

MAR 14 2014

MA By



Handwritten numbers on the right margin: 7, 17, 17, 16, 17, 13, 15, 17, 20, 3, 14, 13, 14, 14, 15



Ballot Measure Primary Argument Submission Form

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 B for the Cabrillo Unified School District to be held on June 3, 2014.

Primary Argument in Favor of Primary Argument Against

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: _____

Principal Officer's Printed Name and Title: _____ Principal Officer's Signature: _____

Contact Person's Printed Name: _____ Email: _____

Phone: _____ Fax: _____

Individual(s) eligible to vote on the measure
Individual signers must be eligible to vote on the measure.

Contact Person: Corrine Bucher Phone: _____

Ma _____

Fax _____

Please complete the reverse side of this form.

Primary Argument Signers Form

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.

Each signer must designate in which capacity they are signing. Check the one box that applies.

		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
1. (1)	Name: LENNY MENDONCA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Title: LOCAL BUSINESS OWNER				
	Phone: [REDACTED]				
	Address: [REDACTED]				
Signature: [REDACTED]	Date: 2/10/14				
2.	Name:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Title:				
	Phone:				
	Address:				
Signature:	Date:				
3.	Name:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Title:				
	Phone:				
	Address:				
Signature:	Date:				
4.	Name:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Title:				
	Phone:				
	Address:				
Signature:	Date:				
5.	Name:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Title:				
	Phone:				
	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 Registered N/A Signed Dated
 Bona Fide Association Verified N/A Signed Dated

				one box that applies.			
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1.	Name: Jill M Ballard	Title: Retired, 40-year Montara Resident		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Phone: [Redacted]	Email: [Redacted]					
	Address: [Redacted]						
	Signature: [Redacted]	Date: 3/13/2014					
2.	Name: Sandra Andreini	Title: FORMER CABRILLO UNIFIED SCHOOL DISTRICT DIST. PRESIDENT		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Phone: [Redacted]	Email: [Redacted]					
	Address: [Redacted]						
	Signature: [Redacted]	Date: 3/13/2014					
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:	Title:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Phone:	Email:				
	Address:					
	Signature:	Date:				
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: Judith Macias	Title: Bonrissas' Comm. Dental Ctr. Founding Board Member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Phone: [REDACTED]	Email: [REDACTED]				
	Address: [REDACTED]					
	Signature: [REDACTED]	Date: March 14, 2014				

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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: STEVE JOHNSON Title: CHAIR, MEASURE F CITIZENS' OVERSIGHT COMMITTEE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Phone: [REDACTED]					
Address: [REDACTED]					
Signature: [REDACTED]					
Date: 3-13-2014					
2.	Name: [REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phone:					
Address:					
Signature:					
Date:					
3.	Name:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phone:					
Address:					
Signature:					
Date:					
4.	Name:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phone:					
Address:					
Signature:					
Date:					
5.	Name:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phone:					
Address:					
Signature:					
Date:					

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