

Unlike the author of the argument against Measure B, we believe that providing a strong public education to all 3,324 Coastside elementary, middle and high school students is a top community priority. That is why we are voting Yes on B.

This ideologue—who blindly opposes every school measure in all of San Mateo County—) doesn't live on the Coastside and simply doesn't understand the facts.

Without increasing taxes by a single penny, we can continue to improve education for local students by voting Yes on B. Measure B shields our schools from the instability of the state budget situation by continuing a vital, stable source of funding—money that stays in our Coastside schools and cannot be taken away by the State.

Measure B simply renews an existing source of funding for our schools, which will otherwise expire. With over a 70% Yes vote, Coastside voters approved this funding for our schools in 2010. Without it, cuts to core academic programs are inevitable.

Measure B prioritizes strong education in the classroom for all students by:

- Preserving strong academic reading, writing, math and science programs
- Retaining qualified teachers and staff
- Protecting programs to keep struggling students on the right track
- Maintaining and supporting classroom technology
- Keeping all District schools open

By law, no funds can be used for administrators' salaries. Citizen oversight and annual audits are required.

Good schools benefit all of us. By keeping our schools strong, we keep our community strong.

Join us: vote Yes on B.

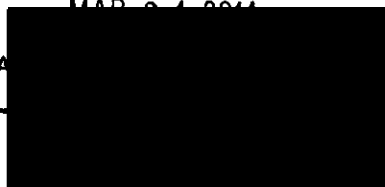
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FILED IN THE OFFICE OF THE
CHIEF ELECTIONS OFFICER
OF SAN MATEO COUNTY, CALIF.

MAR 24 2011

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By





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 B for the CABRILLO UNIFIED SCHOOL DISTRICT to be held on JUNE 3, 2014.

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

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:	<u>MIKE ALIFANO</u>	Phone:	[REDACTED]
Mailing Address:	[REDACTED]		
Fax:	[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 one 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, 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 of the Governing Body of San Mateo County, a School District, or a Special District	Bona Fide Association of Citizens/Organization	Individual
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1.	Name: <i>John M Parsons</i>	Title: <i>Certified Public Accountant,</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	[Redacted]		<i>pon Bay</i>			
		Date: <i>March 19, 2014</i>				
2.	Name: <i>MISTY BELMONTE</i>	Title: <i>HATCH ELEMENTARY SCHOOL[^] TEACHER</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	[Redacted]					
		Date: <i>March 24, 2014</i>				
3.	[Redacted]	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:				

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: MELISSA REY
 Title: PARENT OF 3 CARMEL UNIFIED SCHOOL DISTRICT GRADUATES
 Email: [REDACTED]
 Date: March 27, 2014

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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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: NADIA BLEDSOE FOPYACK	Title: MID COAST COMMUNITY COUNCIL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	[Redacted]	Email: MEMBER				
		Date: 3/27/14				
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:				
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	Phone:	Email:				
	Address:					
	Signature:	Date:				
5.	Name:	Title:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Phone:	Email:				
	Address:					
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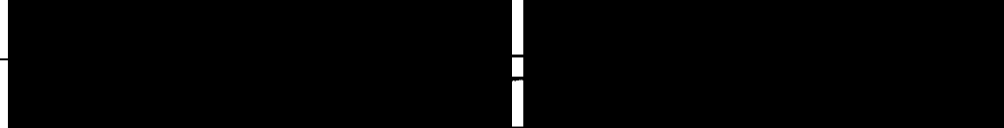
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1. Name: **PATRICK J. RYAN** Title: **Half Moon Bay Realtor**



Date: **3-17-2014**

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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