



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 _____ for the Burlingame School District to be held on 11/4/14.

Primary Argument in Favor of

Primary Argument Against

This argument is submitted by: (check all that apply)

<input type="checkbox"/>	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: _____
<input type="checkbox"/>	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: _____
<input type="checkbox"/>	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: _____
<input checked="" type="checkbox"/>	Individual(s) eligible to vote on the measure Individual signers must be eligible to vote on the measure.	
	Contact Person: <u>LINDA WOLIN</u>	Phone: [REDACTED]
	Mailing: [REDACTED]	
	Fax: [REDACTED]	

Please complete the reverse side of this form.

Primary 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, 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
--	---	--	---

1.	Name:	<i>Lisa Rosenthal</i>	Title:	<i>35-year Burlingame resident</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Phone:	[REDACTED]	Email:	[REDACTED]				
	Address:	[REDACTED]						
	Signature:	[REDACTED]						
	Date:	<i>August 7, 2014</i>						
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:							

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

Primary 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, 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
1.	Name: Raziel Ungar	Title: Burlingame Realtor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Phone: [REDACTED]	[REDACTED]				
	Address: [REDACTED]	[REDACTED]				
	Signature: [REDACTED]	Date: 8/6/14				
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:				
	Address:					
	Signature:	Date:				
4.	Name:	Title:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Phone:	Email:				
	Address:					
	Signature:	Date:				
	Name:	Title:				
	Address:					
	Signature:	Date:				
5.	Name:	Title:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Phone:	Email:				
	Address:					
	Signature:	Date:				

Primary Argument Signers Form

Check the box(es) of association in which you are signing. Check the box(es) that apply.

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
1.	Name: Jill T. Fair Title: President, Burlingame PTA Council Date: 8/6/14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
[Redacted]					
2.	Name: [Redacted] Title: [Redacted] Date: [Redacted]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phone: [Redacted]					
Address: [Redacted]					
Signature: [Redacted]					
Date: [Redacted]					
3.	Name: [Redacted] Title: [Redacted] Date: [Redacted]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phone: [Redacted]					
Address: [Redacted]					
Signature: [Redacted]					
Date: [Redacted]					
4.	Name: [Redacted] Title: [Redacted] Date: [Redacted]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phone: [Redacted]					
Address: [Redacted]					
Signature: [Redacted]					
Date: [Redacted]					
5.	Name: [Redacted] Title: [Redacted] Date: [Redacted]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phone: [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

Primary Argument Signers Form

Each signer must designate in which category they are signing. Check the 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
--	---	--	---

1.	Name: Donna Colson	Title: Burlingame Business Owner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Phone: [REDACTED]	[REDACTED]				
	Address: [REDACTED]	[REDACTED]				
	Signature: [REDACTED]	Date: 8-8-14				
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:				
	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

Primary Argument Signers Form

Signers must designate in which capacity they are signing. Check the appropriate box.

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
1.	Name: Michael Jarrett	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Title: Burlingame School District Oversight Committee Member				
	Phone: [Redacted]				
	Address: [Redacted]				
	Date: 8/11/2014				
2.	Name:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Name:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Name:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Name:	<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

Argument in Favor of Measure __

Vote YES on __ to renew locally controlled funding that protects excellent education in Burlingame elementary and middle schools—without increasing taxes.

11
8

Measure __ will protect the keys to student success in our local schools. Top-quality academic programs in math, reading and writing, as well as highly qualified teachers, are what make Burlingame schools top in the state year after year.

11
11
11

Measure __ also prepares local students to excel in high school and college by protecting excellent classroom instruction in hands-on science and technology.

11
2

Vote YES on __ to:

- Protect quality academic programs in math, science, technology, reading and writing
- Retain qualified teachers
- Maintain hands-on science classes
- Support art and music programs
- Maintain school libraries

11
W
W
W
W
W

Because our community values education, Burlingame voters have approved local funding to protect academic excellence in our schools since 1993. Measure __ simply renews this existing funding before it expires—without increasing taxes.

11
X
X
X
X

We can't rely on the state or federal government to protect the top-quality education we expect from Burlingame schools. That is why Measure __ is vital. Every single penny goes directly to our local schools and cannot be taken away by the state.

11
11
11
11
11
11
11
11
11
11
11
11
11
11

Measure __ is fiscally responsible:

- All funds will stay in our local schools and cannot be taken away by the state
- No funds can be used for administrators' salaries
- Citizen oversight will ensure funds are spent as promised
- Senior citizen homeowners can continue to receive an exemption
- Measure __ will expire in 14 years and cannot be renewed without voter approval

Outstanding Burlingame schools contribute to the value of our homes and the strength of our community, even if we don't have children attending school.

Please join us—vote Yes on Measure __. Keep Burlingame schools strong.

www.ExcellentBurlingameSchools.org

Lisa Rosenthal, 35-year Burlingame Resident
Raziel Ungar, Burlingame Realtor
Jill Fair, President, Burlingame PTA Council
Donna Colson, Burlingame Business Owner
Michael Jarrett, Member, Burlingame School District Citizens' Oversight Committee

FILED IN THE OFFICE OF THE
 OF SAMUEL CHIEF ELECTIONS OFFICER



MAR
 By ___

9