



OFFICE OF
**ASSESSOR-COUNTY CLERK-
 RECORDER & ELECTIONS**
 COUNTY OF SAN MATEO

MARK CHURCH
 CHIEF ELECTIONS OFFICER &
 ASSESSOR-COUNTY CLERK-RECORDER

Ballot Measure Rebuttal Argument Submission Form

If both an argument in favor of and an argument against a measure have been selected for publication in the Sample Ballot & Official Voter Information Pamphlet, a **typed** rebuttal to the argument in favor of or the argument against the measure may be submitted as outlined in this form.

The author(s) of the primary argument of the measure may prepare and submit a rebuttal argument or may authorize in writing any other person or persons to prepare, submit or sign the rebuttal argument.

A rebuttal 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. **Please make sure you are using proper format before submitting to the Elections Office.**

Word count limit for Rebuttal Arguments = 250 words

Ballot Measure C for the _____ to be held on 3-5-24

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

Signed by Same Individual(s) Selected for the Voter Information Pamphlet for the Primary Argument

If the rebuttal argument is signed by the same individual(s) as those already selected for the Voter Information Pamphlet for the primary argument, check the following box and **skip** the back side of this form.

Rebuttal Argument Is Signed by Same Individual(s) Selected for the Voter Information Pamphlet for the Primary Argument

Contact Person's Printed Name:

MARK W.A. HINKLE

Phone:

[Redacted]

Email:

[Redacted]

Signed by Different Individual(s) than Individual(s) Selected for the Voter Information Pamphlet for the Primary Argument

The author(s) of the primary argument may authorize *any other person or persons* to sign the rebuttal argument. If signers are new for the rebuttal argument, please check the following box, complete the back side of this form and attach the written authorization (the Authorization Form for Change in Signers of Rebuttal Argument) from the primary argument author(s).

Rebuttal Argument Is Signed by New Signers as Authorized by Primary Argument Author(s)

Contact Person's Printed Name:

MARK W.A. HINKLE

Phone:

[Redacted]

Email:

[Redacted]

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.gov web www.smcacre.gov

Rebuttal Argument Signers Form

Pronouns

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. A signer can only list one title. Honorifics such as M.D., Dr., Esquire, etc. with a name are not accepted.

If the signers are part of a bona fide association, for each such signing individual(s), the title under the signer's name shall list the name of that bona fide association and may include their position within that association. By signing below, the undersigned state that they have read the argument and believe it not to be false or misleading. **Type** information clearly.

Check one of the boxes below

1

1.	Name: <u>MARK W.A. HINKLE</u>	Title: <u>PRESIDENT - SILICON VALLEY TAXPAYERS ASSOCIATION</u>	He/ His: <input checked="" type="checkbox"/>
	Phone: <u>[REDACTED]</u>	Email: <u>[REDACTED]</u>	She/ Her: <input type="checkbox"/>
	Address: <u>[REDACTED] MORGAN HILL CA 95037</u>		They/ Them: <input type="checkbox"/>
	Signature: <u>[REDACTED]</u>	Date: <u>12-19-23</u>	
2.	Name:	Title:	He/ His: <input type="checkbox"/>
	Phone:	Email:	She/ Her: <input type="checkbox"/>
	Address:		They/ Them: <input type="checkbox"/>
	Signature:	Date:	
3.	Name:	Title:	He/ His: <input type="checkbox"/>
	Phone:	Email:	She/ Her: <input type="checkbox"/>
	Address:		They/ Them: <input type="checkbox"/>
	Signature:	Date:	
4.	Name:	Title:	He/ His: <input type="checkbox"/>
	Phone:	Email:	She/ Her: <input type="checkbox"/>
	Address:		They/ Them: <input type="checkbox"/>
	Signature:	Date:	
5.	Name:	Title:	He/ His: <input type="checkbox"/>
	Phone:	Email:	She/ Her: <input type="checkbox"/>
	Address:		They/ Them: <input type="checkbox"/>
	Signature:	Date:	

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

Rebuttal Argument Signers Form			Pronouns
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1.	Name:	Title:	He/His: <input type="checkbox"/>
	Phone:	Email:	She/Her: <input type="checkbox"/>
	Address:		They/Them: <input type="checkbox"/>
	Signature:	Date:	
2.	Name: Christopher C Minoletti	Title: Chair Pro Tempore - Libertarian Party of San Mateo County	He/His: <input checked="" type="checkbox"/>
	Phone: [REDACTED]	Email: [REDACTED]	She/Her: <input type="checkbox"/>
	Address: [REDACTED] San Mateo, CA 94402		They/Them: <input type="checkbox"/>
	Signature: [REDACTED]	Date: 12/19/2023	
3.	Name:	Title:	He/His: <input type="checkbox"/>
	Phone:	Email:	She/Her: <input type="checkbox"/>
	Address:		They/Them: <input type="checkbox"/>
	Signature:	Date:	
4.	Name:	Title:	He/His: <input type="checkbox"/>
	Phone:	Email:	She/Her: <input type="checkbox"/>
	Address:		They/Them: <input type="checkbox"/>
	Signature:	Date:	
5.	Name:	Title:	He/His: <input type="checkbox"/>
	Phone:	Email:	She/Her: <input type="checkbox"/>
	Address:		They/Them: <input type="checkbox"/>
	Signature:	Date:	

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

Rebuttal Argument Signers Form

Pronouns

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Check one of the boxes below

1.	Name:	Title:	He/ His: <input type="checkbox"/>
	Phone:	Email:	She/ Her: <input type="checkbox"/>
	Address:		They/ Them: <input type="checkbox"/>
	Signature:	Date:	
2.	Name:	Title:	He/ His: <input type="checkbox"/>
	Phone:	Email:	She/ Her: <input type="checkbox"/>
	Address:		They/ Them: <input type="checkbox"/>
	Signature:	Date:	
3.	Name: Christopher Robell	Title: San Mateo Community College District CBOC member	He/ His: <input checked="" type="checkbox"/>
	Phone: [REDACTED]	Email: [REDACTED]	She/ Her: <input type="checkbox"/>
	Address: [REDACTED] Redwood City 94061		They/ Them: <input type="checkbox"/>
	Signature: [REDACTED]	Date: 12-19-23	
4.	Name:	Title:	He/ His: <input type="checkbox"/>
	Phone:	Email:	She/ Her: <input type="checkbox"/>
	Address:		They/ Them: <input type="checkbox"/>
	Signature:	Date:	
5.	Name:	Title:	He/ His: <input type="checkbox"/>
	Phone:	Email:	She/ Her: <input type="checkbox"/>
	Address:		They/ Them: <input type="checkbox"/>
	Signature:	Date:	

3

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



OFFICE OF
**ASSESSOR-COUNTY CLERK-
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COUNTY OF SAN MATEO

MARK CHURCH
CHIEF ELECTIONS OFFICER &
ASSESSOR-COUNTY CLERK-RECORDER

**Authorization Form for
Change in Signers of Rebuttal Arguments**

Pursuant to California Elections Code §§9167, 9317 and 9504, the author(s) of the primary argument in favor of or against a measure may authorize in writing *any other person or persons* to sign the rebuttal argument.

The undersigned author(s) of the primary argument hereby authorize(s) the following individual(s) to sign (up to five) the rebuttal argument to the primary argument in favor of/against (circle one) Measure C for the Election to be held on 3/5/2023 :
(date of election)

NEW SIGNER(S) (PRINT CLEARLY):

Name of Rebuttal Argument Signer: Christopher Robell

Name of Rebuttal Argument Signer: _____

Name of Rebuttal Argument Signer: _____

Name of Rebuttal Argument Signer: _____

Name of Rebuttal Argument Signer: _____

(The new signers listed here must sign the Ballot Measure Rebuttal Argument Submission Form)

NAME(S) & SIGNATURE(S) OF THE PRIMARY ARGUMENT AUTHOR(S):

[Redacted Signature]
Printed Name and Signature of Author

12-19-23
Date

Printed Name and Signature of Author

Date

Jefferson Elementary School District \$88 Parcel Tax: Measure C
Rebuttal to Argument in Favor

Rationalizing this new \$792 parcel tax, Jefferson Elementary School District **claims they need more money** to continue providing “quality” education. 10
7

Proponents are **using scare tactics**, saying that you and your neighbors **need to pay EVEN MORE** to enable them to “**protect core academics.**” 15
8

But **CORE ACADEMICS** are their #1 priority, **their very reason for existing.** 12

Then why on earth isn't that **already “protected” in the regular, annual budget?** 13

Answer: **It is.** 3

You can **decline to grant them this new taxing power, and they will not cut core academics.** 17

Given that **enrollment has declined by nearly 600** since 2018,* they should be **trimming expenses now—not conjuring an emergency to coax you into authorizing a new \$792 tax on your family.** 14
16
2

Aside from the classroom teacher, Jefferson Elementary School District **already spends a whopping \$239,708/year per classroom.** 9
5

Yet their **administration wants MORE** of your **hard-earned money.** 9

They claim that “no funds can be spent on administrators’ salaries.” 11

Please understand that that is a mere technicality. 8

If you grant them this NEW TAX, funds generated SEPARATELY from this parcel tax CAN be exploited to pad administrators’ salaries and lavish pension plans—without limit! 14
13

Please **don’t be misled** by that empty promise. 8

Please vote NO on Measure C. 6

You can be FOR children, FOR teachers, FOR education, and still vote AGAINST Measure C’s expensive scare tactics. 13
5

Silicon Valley Taxpayers Association’s volunteers fight for taxpayers’ rights throughout San Mateo County! **Visit SVTaxpayers.org.** 8
2

*Source: *Education Data Partnership (Ed-Data.org)*

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

DEC 19 2023

MARK CHURCH, Chief Elections Officer
By: _____
DEPUTY CLERK

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