

MARK CHURCH

CHIEF ELECTIONS OFFICER & ASSESSOR-COUNTY CLERK-RECORDER

Ballot Measure Primary Argument Submission Form

A ballot argument will not be accepted unless accompanied by this completed **typed** 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 Primary Arguments = 300 words				
Ballot I	Ballot Measure TBD for the Presidential Election to be held on November 5, 2024			
✓ Pri	Primary Argument in Favor of Primary Argument Against			
	This argument is submitted			
	The County of San Mateo Board of Supervisors or the Governing Body of a School District or District			
	Name of Governing Body:			
	Contact Person's Printed Name:			
	Phone:	Email:		
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:		
П	Bona Fide Association of Citizens	timena the simon of the second		
	If this argument is filed by a bona fide association of citizens, the signers of the argument must be affilial 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.			
	ition.			
	Name of Association:			
	Contact Person's Printed Name:			
	Phone:	Email:		
V	Individual Voters Eligible to Vote on the Measure			
	Contact Person's Printed Name:			
	Phone:	Email:		
	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.gov web www.smcacre.gov

Signature #/

Primary Argumen	t Signers Form	Author	Verified
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. Honorifics such as M.D., Dr., Esquire, etc. with a name are not accepted.		Check if the signer is the author of the argument. Authors must be signers.	E ONLY) e eligibility of
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.			(FOR OFFICIAL USE ONLY) Staff check once the eligibility o ► the signer is verified.
By signing below, the undersigned state that the to be false or misleading.	ey have read the argument and believe it not	Check if th of the argu be signers.	OR O taff ch
Type information clearly.	at alice		
1. Name: Corrine Bucher	Title: Fermer Nafch PTO PULS. Cabrillo Education Eoundation Execu	jalia)	V
Phone:	Email:		
Address:		Pronouns:	
Half Moon Bay, CA 94		He/His:	
Signature:	Date: 8/12/24	She/Her: They/Ther	m· 🗀
2. Name	Title:		
Phone:	Email:		
Address:		D	
Addless.		Pronouns:	
Signature:	Date:	He/His: She/Her: They/Ther	n: 📙
3. Name:	Title:		
Phone:	Email:		
Address:		Pronouns:	
Signature:	Date:	He/His: She/Her: They/Ther	m:
4. Name:	Title:		
Phone:	Email:		
Address:		Pronouns:	
Signature:	Date:	He/His: She/Her: They/Ther	n: 📙
5. Name:	Title:		
Phone:	Email:		
Address:		Pronouns:	·
Signature:	Date:	He/His: She/Her: They/Ther	

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By signing below, the undersigned state that they have read the argument and believe it not to be false or misleading.		Check if th of the argu be signers	(FOR OI Staff che the sign
Type information clearly.		055	F. O. ±
1. Name: Naomi Patridge	Title: Former Mayor, Half Moon Bay	V	
Phone:	Fmail		
Address: Half Moon Bay, CA 94019		Pronouns He/His:	<u> </u>
	Date: 8/12/2014	She/Her: They/The	m: 📙
2. Name.	Title:		
Phone:	Email:		
Address:		Pronouns	
Signature:	Date:	He/His: She/Her: They/The	m: 📙
3. Name:	Title:		
Phone:	Email:		
Address:		Pronouns: He/His:	
Signature:	Date:	She/Her: They/The	m:
4. Name:	Title:		
Phone:	Email:		•
Address:		Pronouns: He/His:	
Signature:	Date:	She/Her: They/Ther	m: 🔲
5. Name:	Title:		
Phone:	Email:		
Address:		Pronouns: He/His:	
Signature:	Date:	She/Her: They/Ther	n: 📙

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	oe false or misleading. oe information clearly.		Chec of the be si	(FOR Staff the si
1.	Name: Erica Wood	Title: Consultant Community development		Ø
Pho	one:	Email:		
Add	dress:		Pronouns	:
Sig	Half Moon Bay, CA 94019 nåt	Date: 8/10/24	He/His: She/Her: They/The	m:
2.	Name:	Title:		
Pho	one:	Email:		
Add	dress:		Pronouns	:
Sig	nature:	Date:	He/His: She/Her: They/The	m: 🔲
3.	Name:	Title:		
Pho	one:	Email:		
Ado	dress:		Pronouns:	: -
Sig	nature:	Date:	He/His: She/Her: They/Ther	m: 📙
4.	Name:	Title:		
Pho	one:	Email:		
Add	Iress:		Pronouns:	
Sigi	nature:	Date:	He/His: She/Her: They/Ther	m:
5.	Name:	Title:		
Pho	one:	Email:		
Add	Iress:		Pronouns:	
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	e false or misleading. e information clearly.		Chec of the be sign	(FOR Staff the si
1.	Name: Sheila Spieller	Title: Retired Gabrille USD Principal	V	d
Pho		Email:		
Add	ress:	<u></u>	Pronouns	l
Sign	Half Moon Bay, CA 940 ature:	Date: 8/10/24	He/His: She/Her: They/The	m:
2.	Name:	Title:		
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3.	Name:	Title:		
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By signing below, the undersigned state that they have read the argument and believe it not to be false or misleading.		heck if the the argui	OR Ol taff che
Type information clearly.		도 로 로	E) S
1. Name: Mlke Alifano	Title: Parcel Tax Oversight Committee Chair	V	V
Phone:	Email:		
Address: Half Moon Bay, CA 94019	9	Pronouns: He/His:	
Signatu	Date: 08.13. 2024	She/Her: They/The	m: 📙
2. Name:	Title:		
Phone:	Email:	,	
Address:		Pronouns:	
Signature:	Date:	He/His: She/Her: They/Ther	n: 📙
3. Name:	Title:		
Phone:	Email:		
Address:		Pronouns:	
Signature:	Date:	She/Her: They/Ther	n: 🗀
4. Name:	Title:		
Phone:	Email:		
Address:		Pronouns:	<u> </u>
Signature:	Date:	He/His: She/Her: They/Ther	n: 🔲
5. Name:	Title:		
Phone:	Email:		
Address:		Pronouns:	F-7
Signature:	Date:	He/His: She/Her: Thev/Ther	n:

Cabrillo Unified School District (Parcel Tax) Argument in Favor of Measure

met -	—		
5/hi	Vote Yes on Measure _ for High-Quality Education!	3	
	Top-quality local public schools are the foundation of our community's future. They 13 create opportunities for all our children, provide every student with the resources to 13 succeed, teach critical skills and prepare them for college and future careers. Investing 13 in education benefits us all.		
	Each and every school in our district—Hatch Elementary, El Granada Elementary, Farallone View Elementary, Kings Mountain Elementary, Cunha Intermediate and Moon Bay High—will be improved by your YES yets on Moasure		

Measure _ improvements and benefits will include:

- Increasing Wages for Teachers and Staff. Offering higher and more competitive -11 salaries will help the district attract and retain highly qualified teachers, 11 counselors and staff. 3
- Expanding STEAM Programs and Labs: Upgrading Science, Technology, 8 Engineering, Arts and Mathematics classes to provide cutting-edge education. 10
- Ensuring College and Career Readiness: Strengthening comprehensive college preparation and career training programs and classes.
- Improving Behavioral Health Resources: Expanding behavioral, social, emotional learning and counseling programs.

Measure _ offers significant taxpayer protections for our community:

- Keeping Our Tax Dollars Local: By law, Measure _ funds cannot be taken by the state and used elsewhere.
- Transparency and Accountability: Public disclosure of all spending, 8 independent citizen oversight and audits ensure responsible use of funds. 10
- Focused Spending: No funds for administrators' salaries, pensions or benefits. 10
- Senior Citizen Exemption: Homeowners age 65+ will be able to apply for a 13 Senior Citizen exemption. 3

6

10

8

Your YES vote allows Cabrillo Unified School District to attract and retain top-tier 10 teachers and staff, support students' success and enhance the value of our homes and businesses.

Join parents, guardians, teachers, grandparents, neighbors, business owners and 8 community leaders in voting YES on Measure _. 2

Word count: 279

(261)

END

FILED IN THE OFFICE OF THE OF SAN MATEO COUNTY

AUG 13 2024

MARIX OLUBOLL Chief Fleetiene Officer By: