



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

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 Measure _____ for the City of Menlo Park to be held on November 5, 2024

Primary Argument in Favor of Primary Argument Against

This argument is submitted by (check ONLY ONE):	
<input type="checkbox"/>	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: _____
<input type="checkbox"/>	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: _____
<input type="checkbox"/>	Bona Fide Association of Citizens If this argument is filed by a bona fide association of citizens, the signers of the argument must be affiliated 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. Name of Association: Contact Person's Printed Name: Phone: _____ Email: _____
<input checked="" type="checkbox"/>	Individual Voters Eligible to Vote on the Measure Contact Person's Printed Name: Clem Molony Phone: _____ Email: _____
<input type="checkbox"/>	Combination of Voters and Associations 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

Primary Argument Signers Form			Author	Verified
<p>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.</p> <p>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.</p> <p>By signing below, the undersigned state that they have read the argument and believe it not to be false or misleading.</p> <p>Type information clearly.</p>			<p>Check if the signer is the author of the argument. Authors must be signers.</p>	<p>(FOR OFFICIAL USE ONLY) Staff check once the eligibility of the signer is verified.</p>
1.	Name: Clem Molony (John C Molony)	Title: 50+ Year Menlo Park Resident/ Taxpayer	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Phone: [REDACTED]	Email: [REDACTED]		
	Address: [REDACTED]		Pronouns:	
	Signature: [REDACTED]	Date: 8/12/24	He/His: <input checked="" type="checkbox"/>	<input type="checkbox"/>
			She/Her: <input type="checkbox"/>	<input type="checkbox"/>
			They/Them: <input type="checkbox"/>	
2.	Name:	Title:	<input type="checkbox"/>	<input type="checkbox"/>
	Phone:	Email:		
	Address:		Pronouns:	
	Signature:	Date:	He/His: <input type="checkbox"/>	<input type="checkbox"/>
			She/Her: <input checked="" type="checkbox"/>	<input type="checkbox"/>
			They/Them: <input type="checkbox"/>	
3.	Name:	Title:	<input type="checkbox"/>	<input type="checkbox"/>
	Phone:	Email:		
	Address:		Pronouns:	
	Signature:	Date:	He/His: <input type="checkbox"/>	<input type="checkbox"/>
			She/Her: <input type="checkbox"/>	<input type="checkbox"/>
			They/Them: <input type="checkbox"/>	
4.	Name:	Title:	<input type="checkbox"/>	<input type="checkbox"/>
	Phone:	Email:		
	Address:		Pronouns:	
	Signature:	Date:	He/His: <input type="checkbox"/>	<input type="checkbox"/>
			She/Her: <input type="checkbox"/>	<input type="checkbox"/>
			They/Them: <input type="checkbox"/>	
5.	Name:	Title:	<input type="checkbox"/>	<input type="checkbox"/>
	Phone:	Email:		
	Address:		Pronouns:	
	Signature:	Date:	He/His: <input type="checkbox"/>	<input type="checkbox"/>
			She/Her: <input type="checkbox"/>	<input type="checkbox"/>
			They/Them: <input type="checkbox"/>	

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

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1.	Name:	Title:	<input type="checkbox"/>	<input type="checkbox"/>
Phone:		Email:		
Address:			Pronouns:	
Signature:		Date:	He/His: <input type="checkbox"/>	She/Her: <input type="checkbox"/>
			They/Them: <input type="checkbox"/>	
2.	Name: Katie Ferrick	Title: Planning Commissioner	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Phone: [REDACTED]		Email: [REDACTED]		
Address: [REDACTED]			Pronouns:	
Signature: [REDACTED]		Date: Aug 12, 2024	He/His: <input type="checkbox"/>	She/Her: <input checked="" type="checkbox"/>
			They/Them: <input type="checkbox"/>	
3.	Name:	Title:	<input type="checkbox"/>	<input type="checkbox"/>
Phone:		Email:		
Address:			Pronouns:	
Signature:		Date:	He/His: <input type="checkbox"/>	She/Her: <input type="checkbox"/>
			They/Them: <input type="checkbox"/>	
4.	Name:	Title:	<input type="checkbox"/>	<input type="checkbox"/>
Phone:		Email:		
Address:			Pronouns:	
Signature:		Date:	He/His: <input type="checkbox"/>	She/Her: <input type="checkbox"/>
			They/Them: <input type="checkbox"/>	
5.	Name:	Title:	<input type="checkbox"/>	<input type="checkbox"/>
Phone:		Email:		
Address:			Pronouns:	
Signature:		Date:	He/His: <input type="checkbox"/>	She/Her: <input type="checkbox"/>
			They/Them: <input type="checkbox"/>	

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Phone:		Email:		
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Signature:		Date:	He/His:	<input type="checkbox"/>
			She/Her:	<input type="checkbox"/>
			They/Them:	<input type="checkbox"/>
2.	Name:	Title:	<input type="checkbox"/>	<input type="checkbox"/>
Phone:		Email:		
Address:			Pronouns:	
Signature:		Date:	He/His:	<input type="checkbox"/>
			She/Her:	<input type="checkbox"/>
			They/Them:	<input type="checkbox"/>
3.	Name: Brian Kissel	Title: Environmental Quality Commissioner	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Phone: [REDACTED]		Email: [REDACTED]		
Address: [REDACTED]			Pronouns:	
Signature: [REDACTED]		Date: 8/10/24	He/His:	<input checked="" type="checkbox"/>
			She/Her:	<input type="checkbox"/>
			They/Them:	<input type="checkbox"/>
4.	Name:	Title:	<input type="checkbox"/>	<input type="checkbox"/>
Phone:		Email:		
Address:			Pronouns:	
Signature:		Date:	He/His:	<input type="checkbox"/>
			She/Her:	<input type="checkbox"/>
			They/Them:	<input type="checkbox"/>
5.	Name:	Title:	<input type="checkbox"/>	<input type="checkbox"/>
Phone:		Email:		
Address:			Pronouns:	
Signature:		Date:	He/His:	<input type="checkbox"/>
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			She/Her:	<input checked="" type="checkbox"/>
			They/Them:	<input type="checkbox"/>
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Address:			Pronouns:	
Signature:		Date:	He/His:	<input type="checkbox"/>
			She/Her:	<input type="checkbox"/>
			They/Them:	<input type="checkbox"/>
4.	Name: Maya Sewald	Title: 40+ Year Menlo Park Resident/ Taxpayer	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Phone: [REDACTED]		Email: [REDACTED]		
Address: [REDACTED]			Pronouns:	
Signature: [REDACTED]		Date: 8/10/24	He/His:	<input type="checkbox"/>
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Address:			Pronouns:	
Signature:		Date:	He/His: <input type="checkbox"/>	<input type="checkbox"/>
			She/Her: <input type="checkbox"/>	<input type="checkbox"/>
			They/Them: <input type="checkbox"/>	<input type="checkbox"/>
4.	Name:	Title:	<input type="checkbox"/>	<input type="checkbox"/>
Phone:		Email:		
Address:			Pronouns:	
Signature:		Date:	He/His: <input type="checkbox"/>	<input type="checkbox"/>
			She/Her: <input type="checkbox"/>	<input type="checkbox"/>
			They/Them: <input type="checkbox"/>	<input type="checkbox"/>
5.	Name: Jacqui Cebrian	Title: Complete Streets Commissioner	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Phone:		Email:		
Address:			Pronouns:	
Signature:		Date: 8-12-24	He/His: <input type="checkbox"/>	<input type="checkbox"/>
			She/Her: <input checked="" type="checkbox"/>	<input type="checkbox"/>
			They/Them: <input type="checkbox"/>	<input type="checkbox"/>

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

258

CITY OF MENLO PARK
ARGUMENT IN FAVOR OF MEASURE ____

Vote **YES on Measure ____** – Maintain Menlo Park’s Essential Local Services and Quality of Life **13**
– without taxing residents. **3**

YES on ____ is **100% PAID BY VISITORS**, tourists, and other non-residents who visit Menlo Park. Why should we, Menlo Park residents, foot the entire bill for the local services and infrastructure visitors use while in our city? **15**
14
7

Vote YES on ____ to ensure out-of-town visitors pay their share to keep our small-town quality of life. **16**
2

By law, YES on ____ funds must be spent LOCALLY in Menlo Park, for our community’s needs and priorities. The State can’t take a penny of Measure ____ funds. **YES on ____** gives you **15**
– the Menlo Park taxpayer – control over local funds to maintain our safety and infrastructure. **17**
13

YES on ____ enhances emergency preparedness for storms, flooding, and wildfires and maintains police 911 response and preparedness. **13**
5

YES on ____ repairs our streets and potholes. **8**

YES on ____ maintains our parks, recreation programs, libraries, open spaces, sports fields, and children’s play structures. **14**
3

YES on ____ keeps Menlo Park’s public areas safe and clean. **10**

Measure ____ is **NOT** a tax on your home or property. **10**
Menlo Park residents who are **NOT** hotel/lodging guests **WON’T** be taxed. **11**

YES on ____ continues Menlo Park’s high standards for **FISCAL ACCOUNTABILITY** and **TRANSPARENCY** – requiring independent audits and yearly reports to the community to ensure funds are spent responsibly for our community priorities. **11**
12
8

Join hotel and small business owners, neighborhood leaders, a unanimous City Council, and other residents in voting **YES on ____** to protect local control and keep Menlo Park a great place to live! **13**
18

For official information about Measure ____, visit: www.MenloPark.gov **7**

258

CITY OF MENLO PARK
ARGUMENT IN FAVOR OF MEASURE ____

Vote **YES on Measure ____** – Maintain Menlo Park’s Essential Local Services and Quality of Life – without taxing residents.

YES on ____ is **100% PAID BY VISITORS**, tourists, and other non-residents who visit Menlo Park. Why should we, Menlo Park residents, foot the entire bill for the local services and infrastructure visitors use while in our city?

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For official information about Measure ____
, visit: www.MenloPark.gov

RECEIVED

AUG 13 2024

City of Menlo Park
City Clerk's Office