



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

RECEIVED  
 AUG 13 2024

CITY CLERK **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 TOT Measure for the Pacifica Municipal Election 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"/>                        | <b>The County of San Mateo Board of Supervisors or the Governing Body of a School District or Special District</b><br>Name of Governing Body:<br>Contact Person's Printed Name:<br>Phone: _____ Email: _____  |
| <input type="checkbox"/>                        | <b>Member(s) of the County of San Mateo Board of Supervisors or the Governing Body of a School District or Special District</b><br>Name of Governing Body:<br>Contact Person's Printed Name:<br>Phone: _____ Email: _____   |
| <input type="checkbox"/>                        | <b>Bona Fide Association of Citizens</b><br>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.<br>Name of Association:<br>Contact Person's Printed Name:<br>Phone: _____ Email: _____ |
| <input checked="" type="checkbox"/>             | <b>Individual Voters Eligible to Vote on the Measure</b><br>Contact Person's Printed Name:<br>Konstantin Dimitrov<br>Phone: _____ Email: _____  |
| <input type="checkbox"/>                        | <b>Combination of Voters and Associations</b><br>Contact Person's Printed Name:<br>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

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| 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> |                              |   | Check if the signer is the author of the argument. Authors must be signers. | (FOR OFFICIAL USE ONLY)<br>Staff check once the eligibility of the signer is verified. |
| 1.   | Name:<br>Konstantin Dimitrov | Title:<br>Fairfield Inn General Manager |   |  |
|  | Phone:<br>[REDACTED]         | Email:<br>[REDACTED]                    |   |  |
|  | Address:<br>[REDACTED]       |   | Pronouns:   |  |
|  | Signature:<br>[REDACTED]     | Date:<br>August 13, 2024                | 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 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.

| 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><b>Type information clearly.</b></p> |                         |  | <p>Check if the signer is the author of the argument. Authors must be signers.</p> | <p>(FOR OFFICIAL USE ONLY)<br/>Staff check once the eligibility of the signer is verified.</p> |
| 1.  | Name:                   | Title:   |  |  |
| Phone:  |                         | Email:   | <input type="checkbox"/>   | <input type="checkbox"/>   |
| Address:  |                         |  | Pronouns:  |  |
| 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:<br>Aaron Schlieve | Title:<br>Local Business Owner, Florey's Books | <input type="checkbox"/>   | <input type="checkbox"/>   |
| Phone:  |                         | Email:   |  |  |
| Address:  |                         |  | Pronouns:  |  |
| Signature:  |                         | Date:<br>August 13, 2024                       | 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"/>   |
|   |                         |  | She/Her:   | <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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CITY CLERK

Argument in Favor of Measure "X"  
Pacifica's TOT Measure

Make sure visitors to Pacifica pay their fair share to maintain our beautiful beaches, parks and coastline – Vote YES on "X"!

YES on "X" is 100% PAID BY VISITORS, tourists and other non-residents who come to Pacifica.

YES on "X" is NOT a tax on Pacifica residents or property owners.

Every penny of YES on "X" will be spent on services that benefit residents and visitors, including maintaining what makes our City unique like Pacifica's parks, beaches, coastline and trails.

As erosion, pollution and flooding increase, we need to protect our beaches, coastline and trails. Vote YES on "X" to protect these resources for current and future generations to enjoy.

YES on "X" maintains police, fire and 911 emergency response services.

YES on "X" maintains street and pothole repair.

YES on "X" maintains Pacifica's youth and senior's programs.

YES on "X" helps Pacifica adapt to sea level rise and keeps trash off our beaches.

YES on "X" REQUIRES ALL FUNDS SPENT LOCALLY – here in Pacifica.

YES on "X" allows local control over local funding and all funds will be used for City services in Pacifica and cannot be taken away by the County or Sacramento.

All funds generated by YES on "X" are subject to public spending reports and annual independent financial audits ensuring all funds are spent efficiently, effectively and as promised. Measure "X" is accountable to you, the Pacifica taxpayer.

Again, here's what Measure "X" WON'T do:  
-Measure "X" is NOT a tax on your home or property.  
-Pacifica residents who are NOT hotel/lodging guests WON'T be taxed.

Join a unanimous City Council, local small business owners, civic leaders, teachers and your neighbors in voting YES on "X".

For more information visit: [www.CityofPacifica.org](http://www.CityofPacifica.org)

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