



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 Special election to be held on March 4, 2025

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 type="checkbox"/>	Individual Voters Eligible to Vote on the Measure
	Contact Person's Printed Name:
	Phone: _____ Email: _____
<input checked="" type="checkbox"/>	Combination of Voters and Associations
	Contact Person's Printed Name: <u>Camryn McNab</u>
	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

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) Staff check once the eligibility of the signer is verified.
1.	Name: <i>Anna G. Eshoo</i>	Title: <i>Member of Congress</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Phone: [REDACTED]	Email: [REDACTED]		
	Address: [REDACTED] <i>Palo Alto, California 94301</i>		Pronouns:	
	Signature: [REDACTED]	Date: <i>December 9, 2024</i>	He/His: <input type="checkbox"/>	<input checked="" type="checkbox"/>
			She/Her: <input checked="" 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"/>	
			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"/>	
			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"/>	
			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"/>	
			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: <i>Kern Mullin</i>	Title: <i>U.S. Representative</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Phone: [REDACTED]	Email: [REDACTED]		
	Address: [REDACTED]	<i>South San Francisco 94080</i>	Pronouns:	
	Signature: [REDACTED]	Date: <i>12/8/24</i>	He/His: <input checked="" type="checkbox"/>	
			She/Her: <input type="checkbox"/>	
			They/Them: <input type="checkbox"/>	
2.	Name: <i>Noelia Coez-Solozano</i>	Title: <i>County Supervisor</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Phone: [REDACTED]	Email: [REDACTED]		
	Address: [REDACTED]	<i>San Mateo, CA 94401</i>	Pronouns:	
	Signature: [REDACTED]	Date: <i>12/9/2024</i>	He/His: <input type="checkbox"/>	
			She/Her: <input checked="" type="checkbox"/>	
			They/Them: <input type="checkbox"/>	
3.	Name: <i>SEAN HARPER</i> <i>ORGANIZATION OF SHERIFF SERGEANTS</i>	Title: <i>SHERIFF SERGEANT</i>	<input type="checkbox"/>	<input type="checkbox"/>
	Phone: [REDACTED]	Email: [REDACTED]		<i>W/A</i>
	Address: [REDACTED]	<i>REDWOOD CITY CA, 94063</i>	Pronouns:	
	Signature: [REDACTED]	Date: <i>12/9/24</i>	He/His: <input checked="" type="checkbox"/>	
			She/Her: <input type="checkbox"/>	
			They/Them: <input type="checkbox"/>	
4.	Name: <i>MATTHEW SILANO</i> <i>DEPUTY SHERIFF ASSOCIATION</i>	Title: <i>DEPUTY SHERIFF</i>	<input type="checkbox"/>	<input type="checkbox"/>
	Phone: [REDACTED]	Email: [REDACTED]		<i>W/A</i>
	Address: [REDACTED]	<i>REDWOOD CITY, CA, 94063</i>	Pronouns:	
	Signature: [REDACTED]	Date: <i>12/9/24</i>	He/His: <input checked="" 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.

Argument in Favor of Measure __

Start

[

Vote Yes on Measure __ to hold the sheriff accountable. Our public safety is at risk — **we must act now.**

15 ✓
4 ✓

San Mateo County residents deserve leaders who uphold the law, not those who abuse their power. Measure __ provides urgent checks and balances on the sheriff's office. With a built-in December 31, 2028 sunset, it is a focused and time-limited solution to **protect our community.**

12 ✓
12 ✓
13 ✓
3 ✓

Vote Yes to allow the Board of Supervisors to remove a sheriff if they commit serious violations of public trust, such as breaking the law, stealing county funds, repeatedly failing to perform official duties, falsifying documents, or obstructing justice.

13 ✓
13 ✓
11 ✓

Measure __ responds to an independent investigative report that sustained allegations the current sheriff created a retaliatory and abusive work environment, used racial and homophobic slurs, and effectively handed control of the office to an unqualified individual with whom the sheriff had an inappropriate relationship. **These allegations could lead to millions of dollars in liabilities and lawsuits against our county.**

10 ✓
13 ✓
12 ✓
11 ✓
13 ✓

These actions led to mass resignations. All but one member of the executive leadership team are no longer with the department. Representatives at every level of sworn staff have united to declare no confidence in the sheriff. **How can we trust the sheriff to keep our county safe when the sheriff's own team doesn't?**

14 ✓
14 ✓
16 ✓
10 ✓

Our community deserves better leadership, accountability, and integrity.

0 ✓

Vote Yes on Measure __ to provide common-sense checks and balances against the sheriff's unchecked authority.

13 ✓
3 ✓

Vote Yes to establish accountability and oversight for the sheriff, who oversees a \$300 million budget and is entrusted with the safety of our community.

13 ✓
12 ✓

Join San Mateo County residents, members of the sheriff's office, public safety advocates, organized labor, and community leaders in voting yes on Measure __. **There must be consequences if a sheriff violates the law and public trust.**

10 ✓
11 ✓
13 ✓

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

DEC 10 2024

292 ✓

MA
By: [redacted] cer
DEPUTY CLERK