



# Ballot Measure Primary Argument Submission Form

A ballot argument shall 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/organization, the name of the association/organization and the printed name and signature of at least one of its principal officers. If the measure is presented to voters pursuant to an initiative petition in a special district election, please contact the Elections Office for special instructions.

Word count limit for Primary Arguments = 300

Ballot Measure \_\_\_\_\_ for the Presidential Primary Election to be held on June 7, 2016.

Primary Argument in Favor of       Primary Argument Against

**This argument is submitted by: (check all that apply)**

<input type="checkbox"/>	<b>The Governing Body of the County of San Mateo, a School District, or a Special District</b> If this argument is filed by the governing body of the County of San Mateo, a school district or a special district, fill in the name of the governing body on the line below and complete both sides of this form.
Governing Body:	
Contact Person's Printed Name:	Contact Person's Signature:
Title:	
Phone:	Email:
<input type="checkbox"/>	<b>Member(s) of the Governing Body of the County of San Mateo, a School District, or a Special District</b> If this argument is filed by any member(s) of the governing body, fill in the information below and complete both sides of this form. By statute, members of school district governing boards need board authorization to file an argument.
Member(s) of the Governing Body:	
Name of Governing Body:	
Contact Person's Printed Name:	Contact Person's Signature:
Title:	
Phone:	Email:
<input type="checkbox"/>	<b>Bona Fide Association of Citizens/Organization</b> If this argument is filed by a bona fide association of citizens/organization, the signers of the argument must be affiliated with the association/organization, be authorized to sign the argument on its behalf, provide the printed name and signature of at least one principal officer of the organization, and complete both sides of this form.
Name of Association/Organization:	
Principal Officer's Printed Name and Title:	Principal Officer's Signature:
Contact Person's Printed Name:	Email:
Phone:	Fax:
<input checked="" type="checkbox"/>	<b>Individual(s) eligible to vote on the measure</b> Individual signers must be eligible to vote on the measure.
Contact Person:	Phone:
<u>Ami Cowan</u>	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]

Please complete the reverse side of this form.

**Primary Argument Signers Form**

Each signer must designate in which capacity they are signing. Check the one box that applies.

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.

If the signers are part of a bona fide association/organization, there is no requirement that they be eligible to vote on the measure. However, for each such signing individual(s), the title under the signer's name shall list the name of that bona fide association/organization and may include their position within that association/organization.

By signing below, the undersigned state that they have read the argument and believe it not to be false or misleading.

Governing Body of San Mateo County, a School District, or a Special District  
 Member(s) of the Governing Body of San Mateo County, a School District, or a Special District  
 Bona Fide Association of Citizens/Organization  
 Individual(s) eligible to vote on the measure

1.	Name:	Jean E. Brink	Title:	Retired JUHSD Board Member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Signature:	[Redacted]	Date:	March 10, 2016				
2.	Name:		Title:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Phone:		Email:					
	Address:							
	Signature:		Date:					
3.	Name:		Title:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Phone:		Email:					
	Address:							
	Signature:		Date:					
4.	Name:		Title:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Phone:		Email:					
	Address:							
	Signature:		Date:					
5.	Name:		Title:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Phone:		Email:					
	Address:							
	Signature:		Date:					

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

FOR OFFICIAL USE ONLY

Signers  Registered N/A Signed [Redacted] Dated 2/11  
 Bona Fide Association  Verified N/A Signed Dated

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1.	Name: _____ Title: _____ Phone: _____ Email: _____ Address: _____ Signature: _____ Date: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Name: <b>JUDAS A. NURIS</b> Title: <b>FORMER TRUSTEE JUNSD</b> Signature: _____ Date: <b>03-10-2016</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.	Name: <b>SERGIO ROBLEDO</b> Title: <b>TEACHER</b> Signature: _____ Date: <b>03/10/2016</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.	Name: _____ Title: _____ Phone: _____ Email: _____ Address: _____ Signature: _____ Date: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Name: <b>PERLA G. IBARRIENTOS</b> Title: <b>DALY CITY PERSONNEL COMMISSIONER</b> Signature: _____ Date: <b>03-09-2016</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Signers	<input checked="" type="checkbox"/> Registered	FOR OFFICIAL USE ONLY	Signed	<input type="checkbox"/>	Dated	<b>3/11</b>
Bona Fide Association	<input type="checkbox"/> Verified	N/A	Signed	<input type="checkbox"/>	Dated	

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1.	Name: _____ Title: _____ Phone: _____ Email: _____ Address: _____ Signature: _____ Date: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Name: _____ Title: _____ Phone: _____ Email: _____ Address: _____ Signature: _____ Date: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Name: _____ Title: _____ Phone: _____ Email: _____ Address: _____ Signature: _____ Date: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Name: <u>Rebecca Douglass</u> Title: <u>President, Oceana PTSD</u> Phone: _____ Email: _____ Address: _____ Signature: _____ Date: <u>3/10/2016</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
5.	Name: _____ Title: _____ Phone: _____ Email: _____ Address: _____ Signature: _____ Date: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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FOR OFFICIAL USE ONLY

Signers  
Bona Fide Association

Registered  
 Verified

N/A  
N/A

Signed  
Signed



Dated  
Dated

3/10

