



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.

Word count limit for Primary Arguments = 300

Ballot Measure R for the City of Burlingame to be held on 11-08-2016.

Primary Argument in Favor of Primary Argument Against

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

<input type="checkbox"/>	The Legislative Body of the City of Burlingame If this argument is filed by the legislative body of the City of Burlingame, fill in the name of the governing body on the line below and complete both sides of this form. Legislative Body: Contact Person's Printed Name: Contact Person's Signature: Title: Phone: Email:
<input type="checkbox"/>	Member(s) of the Legislative Body of the City of Burlingame If this argument is filed by any member(s) of the legislative body, fill in the information below and complete both sides of this form. Member(s) of the Legislative Body: Name of Legislative Body: Contact Person's Printed Name: Contact Person's Signature: Title: Phone: Email:
<input type="checkbox"/>	Bona Fide Association of Citizens/Organization 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"/>	Individual(s) eligible to vote on the measure Individual signers must be eligible to vote on the measure. Contact Person: <u>Anne CYNTHIA CORNELL</u> Phone: [REDACTED] Mailing Address: [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.

Legislative Body of the City of Burlingame	Member(s) of the Legislative Body of the City of Burlingame	Bona Fide Association of Citizens/Organization	Individual(s) eligible to vote on the measure
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1.	Name:	<i>Thomas John Hornblower</i>	Title:	<i>Home Owner</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Phone:	[REDACTED]						

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	<input type="checkbox"/> Registered	N/A	Signed	Dated
Bona Fide Association	<input type="checkbox"/> Verified	N/A	Signed	Dated

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2

1.	Name: <i>Saundra Ardito</i>	Title: <i>Enrolled Agent</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Phone:	Email:				
	Add: [Redacted]					
	Sign: [Redacted]					

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:				

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1.	Name: Jonathan P. Roth	Title: Professor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Phone:	Email:				
	[Redacted]					
	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:				

3

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Bona Fide Association	<input type="checkbox"/> Verified	N/A	Signed	Dated

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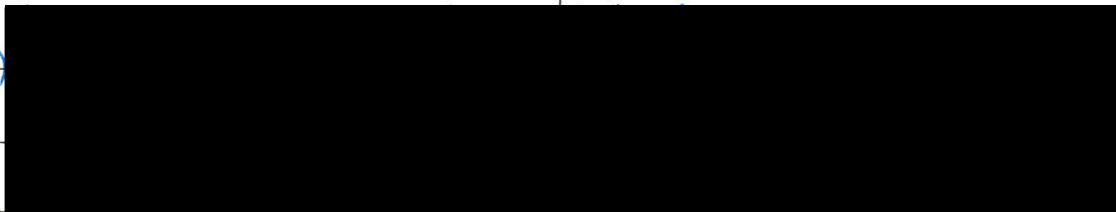
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1. Name: Roni Gillenson Title: Mental Health Professional

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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4



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"/>
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Phone: _____ Email: _____

Address: _____

Signature: _____ Date: _____

4. Name: _____ Title: _____

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Phone: _____ Email: _____

Address: _____

Signature: _____ Date: _____

5. Name: _____ Title: _____

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Phone: _____ Email: _____

Address: _____

Signature: _____ Date: _____

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 Bona Fide Association Verified N/A Signed Dated

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1.	Name: CYNTHIA CORNELL	Title: Burlingame President Advocates for Renter Protections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Phone:	Email:				
5						

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:				
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	Signature:	Date:				

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Bona Fide Association	<input type="checkbox"/> Verified	N/A	Signed	Dated

Skyrocketing rent increases threaten to destroy our community. 8

Valued teachers, nurses, public safety workers, and their hardworking families are leaving Burlingame as rents become unaffordable. 5 12

A nearly 30-year-old law makes it impossible for the City Council to meaningfully address the housing crisis. 2 17

Handcuffing our local leaders, the existing, outdated law is a destructive vestige of the past. 15

Measure R will protect Burlingame's future. 5

Vote to protect Burlingame. **Vote YES on Measure R.** 8

Measure R makes housing costs predictable and stable, freeing Burlingame residents from constant fear of losing their homes. Rents have skyrocketed in recent years. Wages have not kept pace, putting profound stress on our community. **As we lose our family and community members, we lose Burlingame's quality of life.** 7 11 16 14

Measure R is a fair and common sense solution: 8

- Allows rents to be raised 1 to 4% annually, depending on inflation (typically 2 to 3%); 16
- Allows larger rent increases for increased maintenance costs or property taxes; 11
- Limits evictions to specific situations (unpaid rent, illegal activity, etc.), preventing evictions just to raise rents; 5 11
- Protects families too frightened to report unsafe conditions for fear of retaliatory evictions; 1 12
- Protects "mom and pop" landlords by completely exempting owner-occupied duplexes and in-law units; 3 16
- Protects homeowners by exempting single-family homes from rent stabilization. Units built after February 1, 1995 are similarly exempt (doesn't discourage new construction); 11 10
- Rolls rents back to March 2016 levels; 7
- Creates an independent Commission to administer and enforce the law, providing flexibility, accountability, and transparency at no significant expense to the city. 11 11

Burlingame's high rents affect everyone. We're losing teachers. Restaurants can't find workers. Property values are directly related to the quality of our schools and availability of essential service personnel. 3 11 15

Together, we can sustain a vibrant and livable Burlingame. 9

Vote YES to protect Burlingame's future. **Vote YES on Measure R.** 10

295 words



RECEIVED

AUG 19 2016

CITY CLERK'S OFFICE
CITY OF BURLINGAME

