

Ballot Measure Argument Rebuttal Submission Form

If both an argument in favor of and against a measure have been selected for publication in the voter information pamphlet, a rebuttal to the argument in favor of or the argument against the measure may be submitted as outlined in this form.

The author of the argument in favor of the measure may prepare and submit a rebuttal argument to the argument against the measure or may authorize in writing any other person or persons to prepare, submit, or sign the rebuttal argument. Likewise, the author of the argument against the measure may prepare and submit a rebuttal argument to the argument in favor of the measure or may authorize in writing any other person or persons to prepare, submit, or sign the rebuttal argument.

A rebuttal argument shall not be accepted unless accompanied by the printed name(s) and signature(s) of the author(s) submitting it, or, if submitted on behalf of an organization, the name of the organization and the printed name and signature of at least one of its principal officers who is the author of the argument; and the form statement provided in Elections Code section 9600 signed by each proponent and by each author, if different, of the argument.

Word count limit for Rebuttal Arguments = 250

The rebuttal arguments shall be submitted to the elections official conducting the election no later than 5pm on August 28, 2017. These rules apply to all rebuttal arguments unless a rebuttal argument is otherwise provided by law.

Ballot Measure C for the election to be held on Nov. 7, 2017

Rebuttal to Argument in Favor of Measure D Rebuttal to Argument Against Measure C

Signed by Exact Same Individual(s) as Argument Already Selected for the Voter Information Pamphlet

If you are submitting a rebuttal argument and the individual(s) signing the rebuttal argument are the same as the individual(s) signing the original Ballot Measure Primary Argument Submission Form, check the following box and complete the back side of this form.

Rebuttal Argument Is Signed by Same Individual(s) as Argument Already Selected For the Voter Information Packet

Submitted by Different Individual(s) as the Opposing Primary Argument

If the rebuttal argument is signed by anyone different than the signer(s) of the Ballot Measure Primary Argument Submission Form already submitted—including whether there is only one different individual or whether there are up to five new individuals—you must complete the section below, complete the back side of this form, and attach to this form the written authorization by the author that indicates: (i) your name(s); and (ii) the author's name, contact information, statement of authorization, and signature.

Contact Person:
John Keener

Phone:

Mailing Address:

Pacifica, CA 94044

Fax:

Email:

Please complete the reverse side of this form.

Authorization Form

Change in Preparer, Submitter, or Signer of Rebuttal Arguments

PLEASE ONLY COMPLETE SECTIONS THAT ARE APPLICABLE

Authorization must be provided by the original author(s) of the primary argument(s) in favor of or against the specified measure, when a different person(s) will prepare, submit or sign the rebuttal argument. EC 9285

The undersigned author(s) hereby authorize(s) the following individual(s) (up to five) to sign, prepare, or submit (whichever is applicable) the rebuttal argument to the primary argument in ~~favor of~~ against Measure C for the election to be held on November 7, 2017.

I. NEW SIGNER(S):

Name of Rebuttal Argument Signer: Deirdre Martin

Name of Rebuttal Argument Signer: Sue Digre

Name of Rebuttal Argument Signer: Sergio Robledo - Maderazo

Name of Rebuttal Argument Signer: Suzanne Moore

Name of Rebuttal Argument Signer: Gloria Stefan

II. NEW PREPARER(S):

Name of Rebuttal Argument Preparer: _____

Name of Rebuttal Argument Preparer: _____

III. NEW SUBMITTER(S):

Name of Rebuttal Argument Submitter: _____

Name of Rebuttal Argument Submitter: _____

NAME(S) AND SIGNATURE(S) OF PRIMARY ARGUMENT AUTHOR(S):

 _____ 8/28/17
Printed Name and Signature of Author JOHN KEENER Date

 _____ 8/28/17
Printed Name and Signature of Author _____ Date

 _____ 8/28/17
Printed Name and Signature of Author Evelyn Stivers DATE

Rebuttal 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, 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 proponent(s) or author(s) of the rebuttal argument against (in favor of/against) ballot proposition C (name or number) at the Consolidated Special Municipal, School and Special District Election for the City of Pacifica to be held on November 7, 2017 hereby state that this argument is true and correct to the best of (his/her/their) knowledge and belief.

		Legislative Body of the City of Pacifica	Member of the Legislative Body of the City of Pacifica	Bona Fide Association of Citizens/Organization	Individual	
1.	Name: Deirdre Martin Phone: [REDACTED] Address: [REDACTED] Pacifica, CA 94044 Sig: [REDACTED] Date: 8/27/17	Title: City Council Member Email: [REDACTED]	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.	Name: [REDACTED] Phone: [REDACTED] Address: [REDACTED] Signature: [REDACTED] Date: [REDACTED]	Title: [REDACTED] Email: [REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Name: [REDACTED] Phone: [REDACTED] Address: [REDACTED] Signature: [REDACTED] Date: [REDACTED]	Title: [REDACTED] Email: [REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Name: [REDACTED] Phone: [REDACTED] Address: [REDACTED] Signature: [REDACTED] Date: [REDACTED]	Title: [REDACTED] Email: [REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Name: [REDACTED] Phone: [REDACTED] Address: [REDACTED] Signature: [REDACTED] Date: [REDACTED]	Title: [REDACTED] Email: [REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 Dated
 Bona Fide Association Verified N/A Signed Dated

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2. Name: Sue Digre	Title: Pacifica City Council Member	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Phone: [REDACTED]	Email: [REDACTED]				
Address: [REDACTED] Pacifica, CA 94044					
Signature: [REDACTED]	Date: 8-24-2017				
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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<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1.	Name: Sergio Robledo-Maderazo	Title: IAFT Local 1481 President
Phone: [REDACTED]		Email: [REDACTED]
Address: [REDACTED] Daly City, CA 94014		
[REDACTED]		Date: August 25, 2017
2.	Name:	Title:
Phone:		Email:
Address:		
Signature:		Date:
3.	Name:	Title:
Phone:		Email:
Address:		
Signature:		Date:
4.	Name:	Title:
Phone:		Email:
Address:		
Signature:		Date:
5.	Name:	Title:
Phone:		Email:
Address:		
Signature:		Date:

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

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1. Name: Suzanne Moore Title: Retired San Mateo Public Health Nurse Practitioner

Phone: [Redacted] Email: [Redacted]

Address: [Redacted] Pacifica, CA 94044

Signature: [Redacted] Date: 11/25/17

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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2. Name: Title:

Phone: Email:

Address:

Signature: Date:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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3. Name: Title:

Phone: Email:

Address:

Signature: Date:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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4. Name: Title:

Phone: Email:

Address:

Signature: Date:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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5. Name: Title:

Phone: Email:

Address:

Signature: Date:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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1.	Name: Gloria Stofan Title: Member, Faith in Action	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Phone: [REDACTED]					
Email: [REDACTED]					
Address: [REDACTED] Pacifica, CA 94044					
Signature: [REDACTED]					
Date: 8-25-17					
2.	Name: [REDACTED] 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:					
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Bona Fide Association	<input type="checkbox"/> Verified	N/A	Signed	Dated

“Arguments in support or opposition of the proposed laws are the opinions of the authors.”

Rebuttal to Argument Against Measure C

Pacificans who have lived here for years are being forced out of their apartments. Measure C lets Pacifica voters decide for themselves whether they want to help their neighbors. We all benefit from a stable community.

FACT: From 2010 to 2015, apartment rents in Pacifica went up 51%. It's only gotten worse since then.

FACT: MEASURE C IS NOT A TAX. The cost of Measure C will be paid for by a monthly fee on apartments. If the costs exceed the revenue from fees, City Council (not the Rental Housing Commission) will adjust the fees so there will be no cost to the city.

FACT: Measure C makes no change in the process for evicting problem tenants. Measure C protects good tenants from being evicted for no reason.

FACT: The lease controls the number of people who can live in an apartment. Measure C won't change that.

Measure C allows reasonable rent increases, but prevents profiteering apartment owners from gouging hard-working families who seek nothing more than to stay in Pacifica.

Pacifica's City Attorney wrote Measure C and the City Council put it on the ballot. Read the FAQs on the city web page:
<http://www.cityofpacifica.org/faqs/categoryqna.asp?id=70>.

The well-funded real estate lobby, which opposes Measure C, sued other cities over similar ordinances and didn't win.

Please VOTE YES ON C to preserve our Pacifica community and protect seniors, working families and children from losing their homes.

VOTE YES ON MEASURE C – FAIR RENTS 4 PACIFICA