



# Office of the City Clerk

330 W. 20<sup>th</sup> Avenue  
San Mateo, CA 94403

(650) 522-7042  
24 NOV 10 11:55 AM

## Ballot Measure Primary Argument Submission Form

A ballot argument will 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, the name of the association and the printed name and signature of at least one of its principal officers.

Word count limit for Primary Arguments = 300 words

Ballot Measure \_\_\_\_\_ for the City of San Mateo 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 San Mateo City Council</b> Name of Governing Body: Contact Person's Printed Name: Phone: _____ Email: _____
<input checked="" type="checkbox"/>	<b>Member(s) of the City of San Mateo City Council</b> Name of Governing Body: San Mateo City Council Contact Person's Printed Name: Lisa Diaz Nash Phone: _____ Email: _____
<input type="checkbox"/>	<b>Bona Fide Association of Citizens</b> 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"/>	<b>Individual Voters Eligible to Vote on the Measure</b> Contact Person's Printed Name: Phone: _____ Email: _____
<input type="checkbox"/>	<b>Combination of Voters and Associations</b> Contact Person's Printed Name: 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.

City Clerk, Martin McTaggart mmctaggart@cityofanmateo.org

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>			<p>Check if the signer is the author of the argument. Authors must be signers.</p>	<p>(FOR OFFICIAL USE ONLY) Staff check once the eligibility of the signer is verified.</p>
1.	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"/>	<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"/>	<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"/>	<input type="checkbox"/>
4.	Name: <sup>SAN MATEO COUNTY FIREFIGHTERS</sup> 62400 Tony Pasacci	Title: San Mateo County Firefighters Vice President # 62400	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Phone: [REDACTED]	Email: [REDACTED]		
	Address: [REDACTED] Redwood City, CA. 94063		Pronouns:	
	Signature: [REDACTED]	Date: 08/07/24	He/His: <input checked="" type="checkbox"/>	<input type="checkbox"/>
			She/Her: <input type="checkbox"/>	<input type="checkbox"/>
			They/Them: <input type="checkbox"/>	<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"/>	<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**

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.

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.

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

Type information clearly.

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.

2

1.	Name: LISA DIAZ NASH	Title: MAYOR, SAN MATEO	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Phone: [REDACTED]	Email: [REDACTED]		
	Address: [REDACTED], SAN MATEO, CA 94402		Pronouns:	
	Signature: [REDACTED]	Date: 8.8.24	He/His: <input type="checkbox"/>	<input checked="" type="checkbox"/> ms
			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.**

**Primary Argument Signers Form**

Author      Verified

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.

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.

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

Type information clearly.

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.

3

1.	Name: <u>ERICA WOOD</u>	Title: <sup>ms</sup> <del>PRESIDENT</del> , CEO <u>San Mateo Chamber of Commerce</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Phone: [REDACTED]	Email: <u>August 8 2024</u>		
	Address: <u>San Mateo CA 94401</u>	Date: [REDACTED]	Pronouns: He/His: <input type="checkbox"/> She/Her: <input checked="" type="checkbox"/> <sup>MS</sup> They/Them: <input type="checkbox"/>	
2.	Name: [REDACTED]	Title: [REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>
	Phone: [REDACTED]	Email: [REDACTED]		
	Address: [REDACTED]	Date: [REDACTED]	Pronouns: He/His: <input type="checkbox"/> She/Her: <input type="checkbox"/> They/Them: <input type="checkbox"/>	
3.	Name: [REDACTED]	Title: [REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>
	Phone: [REDACTED]	Email: [REDACTED]		
	Address: [REDACTED]	Date: [REDACTED]	Pronouns: He/His: <input type="checkbox"/> She/Her: <input type="checkbox"/> They/Them: <input type="checkbox"/>	
4.	Name: [REDACTED]	Title: [REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>
	Phone: [REDACTED]	Email: [REDACTED]		
	Address: [REDACTED]	Date: [REDACTED]	Pronouns: He/His: <input type="checkbox"/> She/Her: <input type="checkbox"/> They/Them: <input type="checkbox"/>	
5.	Name: [REDACTED]	Title: [REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>
	Phone: [REDACTED]	Email: [REDACTED]		
	Address: [REDACTED]	Date: [REDACTED]	Pronouns: 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.**

**Primary Argument Signers Form**

**Author**

**Verified**

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.

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.

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

Type information clearly.

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.

4

1.	Name: <i>Jerry Hill</i>	Title: <i>Former State Senator</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	[Redacted]			
	<i>San Mateo, CA 94402</i>		Pronouns:	
	Date: <i>August 12, 2024</i>		He/His:	<input checked="" type="checkbox"/> MS
			She/Her:	<input type="checkbox"/>
			They/Them:	<input type="checkbox"/>
	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"/>
3.	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"/>
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.**

**Primary Argument Signers Form**

Author      Verified

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.

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.

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

Type information clearly.

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.

5

1.	Name: ANNIE TSAI	Title: SAN MATEO COUNTY HOUSING AND COMMUNITY DEVELOPMENT COMMITTEE MEMBER	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Phone: [REDACTED]	Email: [REDACTED]		
	Address: [REDACTED] SAN MATEO CA 94403		Pronouns:	
		Date: 8/12/2024	He/His: <input type="checkbox"/>	She/Her: <input checked="" type="checkbox"/>
		Title:	They/Them: <input type="checkbox"/>	
	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"/>	
3.	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"/>	
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.**

Start

Argument In Favor of Measure \_\_

Vote YES on \_\_ to provide affordable housing for all income levels, support a thriving downtown and meet state-mandated housing requirements – without tax increases.

18  
10

It is no secret that San Mateo is an expensive place to live. As a result, longtime residents, seniors, and younger residents are being pushed out because they can't afford to stay.

17  
14

That's why we need Measure \_\_ – to provide more housing that is affordable for working families, seniors, veterans, and essential workers like teachers, nurses, and first responders. San Mateo needs more affordable housing so that residents are not forced to move.

14  
13  
12

Measure \_\_ also allows San Mateo to be smart about how it meets California State law requirements for new housing by locating that housing near existing infrastructure, transit hubs, shops, and along El Camino Real and near Caltrain stations where it will promote economic growth in our community and transit use. By doing so, Measure \_\_ will help reduce vehicle trips, traffic congestion, and greenhouse gas emissions.

14  
12  
13  
15  
8

Measure \_\_ will not raise your taxes, but it will create jobs and support downtown small businesses. According to an independent study, the additional housing is estimated to generate millions of additional dollars each year for essential City services that make San Mateo such a wonderful place to live.

15  
13  
15  
4

Vote Yes on \_\_

- Provide affordable housing
- Help our small businesses
- Protect essential city services
- Meet state housing mandates

4  
3  
4  
4  
4

Without Measure \_\_, San Mateo will need to increase housing density in residential neighborhoods elsewhere in the city to meet the State's housing requirements.

11  
11

Vote Yes on \_\_: Expand housing opportunities, help our small businesses, and generate increased tax revenue to support our city's vital services without imposing new taxes.

13  
13

For more information, please visit [www.sensiblesanmateo.com](http://www.sensiblesanmateo.com).

Jend

6

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

AUG 13 2024

MARK By: [Redacted] Officer

277