



OFFICE OF
**ASSESSOR-COUNTY CLERK-
 RECORDER & ELECTIONS**
 COUNTY OF SAN MATEO

FILED IN THE OFFICE OF THE
 CHIEF ELECTIONS OFFICER
 OF SAN MATEO COUNTY, CALIF.

MAR 15 2018

MARK CHURCH
 CHIEF ELECTIONS OFFICER &
 CLERK-RECORDER
 By: [REDACTED]
 DEPUTY CLERK

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 R for the LAS LOMITAS ELEMENTARY SCHOOL DISTRICT to be held on 6/5/2018.

Primary Argument in Favor of Primary Argument Against

This argument is submitted by: (check all that apply)	
<input type="checkbox"/>	<p>The Governing Body of the County of San Mateo, a School District, or a Special District 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.</p> <p>Governing Body:</p> <p>Contact Person's Printed Name: _____ Contact Person's Signature: _____</p> <p>Title: _____</p> <p>Phone: _____ Email: _____</p>
<input type="checkbox"/>	<p>Member(s) of the Governing Body of the County of San Mateo, a School District, or a Special District 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.</p> <p>Member(s) of the Governing Body: _____ Name of Governing Body: _____</p> <p>Contact Person's Printed Name: _____ Contact Person's Signature: _____</p> <p>Title: _____</p> <p>Phone: _____ Email: _____</p>
<input type="checkbox"/>	<p>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.</p> <p>Name of Association/Organization: _____</p> <p>Principal Officer's Printed Name and Title: _____ Principal Officer's Signature: _____</p> <p>Contact Person's Printed Name: _____ Email: _____</p> <p>Phone: _____ Fax: _____</p>
<input checked="" type="checkbox"/>	<p>Individual(s) eligible to vote on the measure Individual signers must be eligible to vote on the measure.</p> <p>Contact Person: <u>JOHN EARNHARDT</u> Phone: [REDACTED]</p> <p>[REDACTED] <u>MENLO PARK, CA 94025</u></p> <p>Fax: [REDACTED]</p>

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.org web www.smcacre.org

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: STEVE WESTLY	Title: FORMER CONTROLLER / CHIEF OF STATE OF CALIFORNIA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Phone:	[REDACTED]					
	Address:	MENLO PARK, CA 94025					
	Signature:	[REDACTED]	Date: 3/15/12				
	2.	Name:	Title:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Phone:	Email:				
		Signature:	Date:				
		ATHERTON, CA 94025					
	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

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

2

Name: Ray Mueller Title: Vice Mayor, City of Menlo Park

Phone: [Redacted] Email: [Redacted]

Address: [Redacted] Menlo Park, CA 94025

Signature: [Redacted] Date: 3/15/18

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: _____

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

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	Members(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: JOHN FARNHARDT	Title: PRESIDENT, GOVERNING BOARD LAS LOMITAS SCHOOL DISTRICT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Address: [REDACTED]	Date: 3/15/18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Name: [REDACTED]	Title: [REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Address: [REDACTED]	Date: [REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Name: [REDACTED]	Title: [REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Address: [REDACTED]	Date: [REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Name: [REDACTED]	Title: [REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Address: [REDACTED]	Date: [REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Name: [REDACTED]	Title: [REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Address: [REDACTED]	Date: [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	<input type="checkbox"/> Registered	N/A	Signed	Dated
Bona Fide Association	<input type="checkbox"/> Verified	N/A	Signed	Dated

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: <u>Sue Sartor</u>	Title: <u>Retired Principal, Lees Lomitas School!</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Phone: [REDACTED]	Email: [REDACTED]				
	Address: [REDACTED] <u>Menlo Park CA 94025</u>					
		Date: <u>2/28/18</u>				
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

Primary Argument Signers Form		Each signer must designate in which capacity they are signing. Check the one box that applies.				
<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.</p> <p>Names and titles listed will be printed in the order that they are listed below.</p> <p>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.</p> <p>By signing below, the undersigned state that they have read the argument and believe it not to be false or misleading.</p>		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	
# 5.	<p>Name: Karen Fryling</p> <p>Phone: [REDACTED]</p> <p>Address: [REDACTED] Portola Valley, CA 94028</p> <p>Signature: [REDACTED]</p> <p>Date: 3/9/18</p>	Reactor <p>[REDACTED]</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.	<p>Name: [REDACTED]</p> <p>Phone: [REDACTED]</p> <p>Address: [REDACTED]</p> <p>Signature: [REDACTED]</p> <p>Date: [REDACTED]</p>	[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<p>Name: [REDACTED]</p> <p>Phone: [REDACTED]</p> <p>Address: [REDACTED]</p> <p>Signature: [REDACTED]</p> <p>Date: [REDACTED]</p>	[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<p>Name: [REDACTED]</p> <p>Phone: [REDACTED]</p> <p>Address: [REDACTED]</p> <p>Signature: [REDACTED]</p> <p>Date: [REDACTED]</p>	[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<p>Name: [REDACTED]</p> <p>Phone: [REDACTED]</p> <p>Address: [REDACTED]</p> <p>Signature: [REDACTED]</p> <p>Date: [REDACTED]</p>	[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	<input type="checkbox"/> Registered	N/A	Signed	Dated
Bona Fide Association	<input type="checkbox"/> Verified	N/A	Signed	Dated

MAR 15 2018

LAS LOMITAS ELEMENTARY SCHOOL DISTRICT

2018 School Bond Measure – Election Day: June 5, 2018

By: [Redacted]

Argument in Favor of Measure R

EVERY CHILD deserves to learn in quality school facilities. Your YES VOTE on Measure R will prepare generations of our local students for future success. 16 9

Las Lomitas Elementary and La Entrada Middle Schools have served our community well for over 100 years. However, our schools have grown old and are overdue for repairs. Phase one of our school upgrades built over 30 new classrooms to reduce overcrowding and replace outdated portables. There is more work to be done on our existing facilities to bring all of our buildings up to current safety and efficiency standards. Phase two is now needed to repair and renovate the other 70+ classrooms. 10 17 13 19 16 3

Measure R authorizes funds for needed facility repairs and upgrades to improve student safety, instruction, and learning. NO other funding currently exists to upgrade these facilities. 14 12

Measure R will:

- Repair/replace aging and leaking roofs, outdated electrical, heating and air conditioning systems. 3 12 1
- Replace outdated fire and security alarm systems, and exterior lighting to improve campus security and safety. 12 4
- Make seismic and other upgrades to classrooms, educational facilities and play equipment to meet current health and safety codes. 11 8
- Improve school and classroom accessibility for students with disabilities. 9
- Protect the quality of academic instruction in core subjects like math, science, reading, and writing. 13 2

Las Lomitas Elementary School District is proud to have award-winning schools. Measure R protects academic facilities so our excellent instruction and performance standards can be maintained. 9 12 1

ALL funds stay local. The State CANNOT take this funding away. 10

Taxpayer protections are REQUIRED. NO funds can be spent on administrators' salaries or pensions. Independent Citizens' Oversight & mandatory audits ensure funds are spent properly. 13 12

Whether or not you have school-age children, protecting our local, high quality education is a wise investment for your property values and a strong community. 15 10

VOTE YES on Measure R. 5

292