


MAR 16 2018



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

By:   
DEPUTY CLERK  
**MARK CHURCH**  
CHIEF ELECTIONS OFFICER &  
ASSESSOR-COUNTY CLERK-RECORDER

**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 k for the primary to be held on 6-5-18

Primary Argument in Favor of  Primary Argument Against

This argument is submitted by: (check all that apply)	
<input type="checkbox"/>	<p><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.</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><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.</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 checked="" type="checkbox"/>	<p><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.</p> <p>Name of Association/Organization: <u>Silicon Valley Taxpayers Association</u></p> <p>Principal Officer's Printed Name and Title: <u>MARK W. A. HINKLE: President</u></p> <p>Contact Person's Printed Name: <u>MARK HINKLE</u></p> <p>Phone: _____</p>
<input type="checkbox"/>	<p><b>Individual(s) eligible to vote on the measure</b> Individual signers must be eligible to vote on the measure.</p> <p>Contact Person: _____ Phone: _____</p> <p>Mailing Address: _____</p> <p>Fax: _____ Email: _____</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:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Title:				
	Phone:				
	Email:				
Address:					
Signature:					
Date:					
2.	Name:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Title:				
	Phone:				
	Email:				
Address:					
Signature:					
Date:					
3.	Name:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Title:				
	Phone:				
	Email:				
Address:					
Signature:					
Date:					
4.	Name:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Title:				
	Phone:				
	Email:				
Address:					
Signature:					
Date:					
5.	Name:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	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	<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
--	---	--	---

Author

1.	Name: <u>Mark W.A. Hinkle</u>	Title: <u>Silicon Valley President: Taxpayers Association</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Phone: [Redacted]					
	Address: [Redacted]					
	Signature: [Redacted]	Date: <u>3-16-18</u>				
2.	Name: <u>Harland Harrison</u>	Title: <u>Chair, Libertarian Party of San Mateo County CA</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Phone: [Redacted]	Email: [Redacted]				
	Address: [Redacted] Belmont CA 94002					
	Signature: [Redacted]	Date: <u>3-16-18</u>				
3.	Name:	Title:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Phone:	Email:				
	Address:					
	Signature:	Date: <u>MAR 16 2018</u>				
		By: [Redacted]				
4.	Name:	Title: <u>DEPUTY CLERK</u>	<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:				

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

**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

**Belmont Redwood Shores School District \$118 Parcel Tax: Argument Against Measure K**

With this latest "temporary" parcel tax, the Belmont Redwood Shores School District 8 claims they need more money to continue providing quality education. 10

The district not only wants the 2013 parcel tax for 10 years they're already getting, they 16 want an increase of \$118 per year more for 5 years. And that's on top of 2 bond 18 measures of \$48M and \$25M funded since 2010. 8

Have they earned this extension that will cost you \$590 over the next 5 years (on top of 18 the taxes you are already paying)? 6

Let's look at the student test scores for Math learners attaining proficiency: 12

2015-16 school year results: 74% meeting proficiency. 8

That means 26% do NOT meet standards. 7

Source: California Department of Education Data Partnership 2

If you got 74% a test, that would be an C grade, would it not? 15

Should you, the voters, reward a 26% failure rate with more money? 12

If no, we encourage you to vote **NO on Measure K.** 10

Belmont Redwood Shores School Districts' is already spending \$10,616 per student. 7

For an average class size of 26 students, that's \$270,016 per class per year. 14

The average salary and benefits for teachers is \$92,347 per shortened work year. 13

Yet, they want more of your hard earned money to pad their salaries and fat pension 16 plans. 1

The measure says that none of the funds will be used for administration. But, funds 15 generated separately from this parcel tax can be used for administration expenses 12 without limits. So, that is really an empty promise. Do not be fooled. 13

Tell the Belmont Redwood Shores School District Board to be fiscally responsible by 8 voting **NO on Measure K.** 4

**If you reward failure, you will get more failure!** 9

For more information please visit us at 7

<http://www.svtaxpayers.org/2018-belmont-redwood-shores-parcel-tax> |

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

MAR 16 2018

By:  Officer

270