



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

By \_\_\_\_\_  
 DEPUTY CLERK  
 MARK CHURCH, Chief Elections Officer  
**MARK CHURCH**  
 CHIEF ELECTIONS OFFICER &  
 ASSESSOR-COUNTY CLERK-RECORDER  
 OF SAN MATEO COUNTY, CALIF.  
 FILED IN THE OFFICE OF THE  
 CHIEF ELECTIONS OFFICER  
 MAR 26 2018

**Ballot Measure Rebuttal Argument 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 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 Rebuttal Arguments = 250

The rebuttal arguments shall be submitted to the elections official conducting the election no later than March 26, 2018.

These rules apply to all rebuttal arguments unless a rebuttal argument is otherwise provided by law.

Ballot Measure M for the Cabrillo Unified School District to be held on June 5, 2018

Rebuttal to Argument in Favor of Measure \_\_\_\_\_  Rebuttal to Argument Against Measure M

**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: <u>Katie Aschero</u>                 | Phone: _____ |
| Mailing Address: _____<br><u>El Granada Ca 94018</u> |              |
| Fax: _____   | Email: _____ |

**Please complete the reverse side of this form.**



# 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.

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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 of the Governing Body of San Mateo County, a School District, or a Special District | Bona Fide Association of Citizens/Organization | Individual |
|--|--|--|------------|

① X

✓

|    |                               |  |                          |                          |                          |                                     |
|----|-------------------------------|--|--------------------------|--------------------------|--------------------------|-------------------------------------|
| 1. | Name: Kate Livingston         | Title: 28 year Half Moon Bay Resident<br>and Teacher | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
|    | Phone: [Redacted]             | Email: [Redacted]                                    |                          |                          |                          |                                     |
|    | Address: [Redacted] HMB 94019 |  |                          |                          |                          |                                     |
|    | Signature: [Redacted]         | Date: 23 March 2018                                  |                          |                          |                          |                                     |
| 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:                      |  |                          |                          |                          |                                     |
|    | 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: ROSE SERDY                  | Title: PAST PRESIDENT COASTSIDE HOPE | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
|    | Phone: [REDACTED]                 | Email: [REDACTED]                    |                          |                          |                          |                                     |
|    | Address: [REDACTED] HALF MOON BAY |                                      |                          |                          |                          |                                     |
|    | Signature: [REDACTED]             | Date: 3/25/2018                      |                          |                          |                          |                                     |
| 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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FOR OFFICIAL USE ONLY

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





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**ASSESSOR-COUNTY CLERK-  
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COUNTY OF SAN MATEO

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

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Ballot Measure M for the CHIMNES UNIFIED SCHOOL DISTRICT to be held on JUNE 5, 2018.

Rebuttal to Argument in Favor of Measure \_\_\_\_\_  Rebuttal to Argument Against Measure M

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Contact Person:

Phone:

Mailing Address:

Fax:

Email:

**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



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|--|--|--|------------|

3

|    |                                      |   |                          |                          |                          |                                     |
|----|--------------------------------------|---|--------------------------|--------------------------|--------------------------|-------------------------------------|
| 1. | Name: Kelly Hoffman-Davis            | Title: Half moon Bay past president Chamber of Commerce | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
|    | Phone: [Redacted]                    | Email: [Redacted]                                       |                          |                          |                          |                                     |
|    | Address: [Redacted] Montana CA 94037 |   |                          |                          |                          |                                     |
|    | Signature: [Redacted]                | Date: 3.20.2018   |                          |                          |                          |                                     |
| 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:                             |   |                          |                          |                          |                                     |
|    | Signature:                           | Date:   |                          |                          |                          |                                     |

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|--|--|--|------------|

4

|    |                            |   |                          |                          |                          |                                     |
|----|----------------------------|---|--------------------------|--------------------------|--------------------------|-------------------------------------|
| 1. | Name: <u>Chris Dobbrow</u> | Title: <u>Former Member Measure E Oversight Committee</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
|    | Phone: [REDACTED]          | Email: [REDACTED]   |                          |                          |                          |                                     |
|    | Address: [REDACTED]        |   |                          |                          |                          |                                     |
|    | Signature: [REDACTED]      | Date: <u>MARCH 26, 2018</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:   |                          |                          |                          |                                     |

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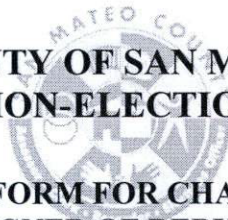
FOR OFFICIAL USE ONLY

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



MAR 26 2018

COUNTY OF SAN MATEO  
REGISTRATION-ELECTIONS DIVISION



By [Redacted] Deputy Clerk  
[Redacted] Chief Elections Officer

AUTHORIZATION FORM FOR 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. CA Elections Code §9167, §9317, §9504

The undersigned author(s) hereby authorize(s) the following individual(s) to sign (up to five), prepare, or submit (whichever is applicable) the rebuttal argument to the primary argument in favor of against Measure M for the Election to be held on June 5, 2018:  
(date of election)

I. NEW SIGNER(S):

Name of Rebuttal Argument Signer: Chris Dobbrow  
Name of Rebuttal Argument Signer: Kate Livingston  
Name of Rebuttal Argument Signer: ~~Dwight Wilson~~ [Redacted]  
Name of Rebuttal Argument Signer: Kelli Davis  
Name of Rebuttal Argument Signer: Rose Serdy

II. NEW PREPARER(S):

Name of Rebuttal Argument Preparer: \_\_\_\_\_  
Name of Rebuttal Argument Preparer: \_\_\_\_\_

III. NEW SUBMITTER(S):

Name of Rebuttal Argument Submitter: Katie Aschero  
Name of Rebuttal Argument Submitter: \_\_\_\_\_

NAME(S) & SIGNATURE(S) OF AUTHOR(S):

X LENNY MENDONCA [Redacted]  
Printed Name and Signature of Author

X 3-23-18  
Date

\_\_\_\_\_  
Printed Name and Signature of Author

\_\_\_\_\_  
Date



Rebuttal to Argument Against Measure M

The author of the argument against Measure-M does NOT live in our community – in fact, he lives over 60 miles away in a completely different county. He submits the same negative arguments for school districts throughout San-Mateo-County – and clearly hasn't bothered to understand our needs.

16  
15  
11  
3 45

As Coastside residents, we know the **FACTS** about why we need to vote YES on Measure-M:

16 16

**FACT:** While some of our local schools were updated, others are nearly 50 years old and still require repairs. Measure-M makes the urgent repairs Coastside schools need and ensures all schools are safe and in good condition.

17  
13  
7 37

**FACT:** Measure-M includes a detailed project list that was developed by facilities experts, community members, staff and parents. This comprehensive list clearly prioritizes school repairs and **GUARANTEES** all funding stays in local schools.

13  
11  
9 33

**FACT:** Local schools do NOT receive funds for facility improvements from the State. Waiting for politicians in Sacramento to solve this problem could take years. Our schools need updates now.

15  
14  
1 30

**FACT:** Our students can't succeed with severely outdated classrooms and technology labs. We need Measure-M to ensure Coastside students can be part of the next wave of innovation in Silicon-Valley and acquire modern skills to compete for tomorrow's careers.

13  
16  
10 39

**FACT:** The district will not finance technology with long-term bonds – not just because that's the responsible thing to do, it's the law.

14  
8 22

By law, funds can never be used for administrators' salaries. Citizen oversight and annual audits are required.

15  
2 17

**Our community's leaders agree – Vote YES on Measure-M for Coastside schools.**

11 11

Word Count: Approx. 250

250 w.

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

MAR 26 2018

MARK CHURCH, Chief Elections Officer

By [Redacted Signature] DEPUTY CLERK