



primary argument against measure Z
Portale Valley S.D.

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 Z for the General to be held on 11-6-18

Primary Argument in Favor of Primary Argument Against

This argument is submitted by: (check all that apply)

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.

Governing Body:

Contact Person's Printed Name: _____ Contact Person's Signature: _____

Title: _____

Phone: _____ Email: _____

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.

Member(s) of the Governing Body: _____ Name of Governing Body: _____

Contact Person's Printed Name: _____ Contact Person's Signature: _____

Title: _____

Phone: _____ Email: _____

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.

Name of Association/Organization: Silicon Valley Taxpayers Association

Principal Officer's Printed Name and Title: MARK W.A. HINKLE - President Principal Officer's Signature: _____

Contact Person's Printed Name: MARK W.A. HINKLE Email: _____

Phone: _____ Fax: _____

Individual(s) eligible to vote on the measure
Individual signers must be eligible to vote on the measure.

Contact Person: _____ Phone: _____

Mailing Address: _____

Fax: _____ Email: _____

Please complete the reverse side of this form.

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: **MARK W.A. HINKLE** Title: **President: Taxpayers Association** *silicon valley*

Phone: [Redacted] Email: [Redacted]

Address: [Redacted] **Morgan Hill, CA 95037**

Signature: [Redacted] Date: **8-17-18**

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

author

2. Name: Title:

Phone: Email:

Address:

Signature: Date:

| | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|--------------------------|--------------------------|

3. Name: Title:

Phone: Email:

Address:

Signature: Date:

| | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|--------------------------|--------------------------|

4. Name: Title:

Phone: Email:

Address:

Signature: Date:

| | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|--------------------------|--------------------------|

5. Name: Title:

Phone: Email:

Address:

Signature: Date:

| | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <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 |

SILICON VALLEY TAXPAYERS ASSOCIATION

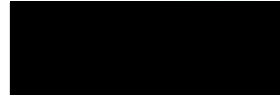
Dedicated to protecting the rights & interests of the taxpayers of
Silicon Valley against the over-reaching & over-spending of government

MARK W.A. HINKLE
MEMBER OF THE BOARD OF DIRECTORS

WEB: WWW.SVTAXPAYERS.ORG

MAILING ADDRESS:

[REDACTED]
SAN JOSE, CA 95118



Argument Against Portola Valley School District \$49.5M Bond – Measure Z

In the last 20 years, the Portola Valley School District has spent \$23,000,000 plus principle and interest payments to “renovate” and “construct” and provide “tech”. 21

Now they want almost two and half times that to do essentially the same thing all over again. 10

That’s got to be some kind of record for “renovation & construction” deterioration! 11

You get the feeling that the district just “cut and pasted” the wording from the two previous bond ballot arguments? 10

Everyone knows, especially in Silicon Valley, that technology today will be obsolete in 5-6 years, or sooner. 16

So, who in their right mind would buy technology, on credit, i.e. via a bond, and pay it off over 25-30 years? No one, right? 24

Answer: except you, if you vote for Measure Z. 10

The 1998 technology that the district bought then with that bond money is 13 undoubtedly already been recycled, but the payments, that you’re still paying for, will continue on for years. 17

Vote NO on Measure Z to stop this fiscal insanity. 10

And the student enrollment is dropping, so why the need for more money? 15

From 2012-13 school year enrollment was 671 and now it’s down to 627. 12

The district wants to spend \$49,500,000 to help 627 students at a cost of \$78,947 per student plus the ADA funds of \$23,833 per student that they get every year. 30

The district is already getting 204% of the average California ADA. 11

Just say NO to fiscal insanity, vote NO on Measure Z "

For more information, please visit our website at www.SVTaxpayers.org/2018-sanmateo-measure-z 8

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

AUG 17 2018

MARK CHURCH, Chief Elections Officer

By [REDACTED]
DEPUTY CLERK