

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 Measurefor the Portola U mary Argument in Favor of □ Primary	school District					
Ballot	Measurefor the Portola V	to be held on Nov 6 2018					
Pri	mary Argument in Favor of Primary	Argument Against					
This	argument is submitted by: (check all that apply	()					
	The Governing Body of the County of San Ma If this argument is filed by the governing body of the County name of the governing body on the line below and complete Governing Body:	of San Mateo, a school district or a special district, fill in the					
	Contact Person's Printed Name:	Contact Person's Signature:					
-	Phone:	Email:					
	Member(s) of the Governing Body of the Cour Special District If this argument is filed by any member(s) of the governing by this form. By statute, members of school district governing by	oody, fill in the information below and complete both sides of					
	Member(s) of the Governing Body:	Name of Governing Body:					
	Contact Person's Printed Name:	Contact Person's Signature:					
	Title:						
	Phone:	Email:					
	with the association/organization, be authorized to sign the signature of at least one principal officer of the organization.	s/organization, the signers of the argument must be affiliated argument on its behalf, provide the printed name and					
	Name of Association/Organization:						
	Principal Officer's Printed Name and Title:	Principal Officer's Signature:					
	Contact Person's Printed Name:	Email:					
	Phone:	Fax:					
X	Individual(s) eligible to vote on the measure Individual signers must be eligible to vote on the measure.	Contact person					
This argur The If this name Govern Contact Title: Phone Mem Spec If this this for Memb Contact Title: Phone Boni If this with the signal Name Princip Contact Phone Individing Contact Individual Contac	Contact Person: Fasioli-Khiaxi	Phone:					
	Mailing	Valley CA 94028					

Please complete the reverse side of this form.

Primary Argument	Signers Form			which c	gner must apacity th he <u>one</u> bo	ey are s	ig
No more than five sign signatures are submitted Names and titles listed of the signers are part of the signers are part of the signing individual(s), the bona fide association/organization by signing below, the believe it not to be falso	ed, the first five list will be printed in fa bona fide assoce e eligible to vote or e title under the sign rganization and man.	ted shall be printed. the order that they a iation/organization, the the measure. Howe ner's name shall list the y include their position	re listed below. here is no ever, for each such the name of that on within that	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	17 10 10 10 10 10 10 10 10 10 10 10 10 10
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Signat	TOY	Date: 8/8	18				_
2. Name:		Title:					
Address: Signature:		Date:					
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Signature:		Date:					
4. Name:		Title:					
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Address:							
Signature:		Date:					
5. Name:		Title:					
Phone:		Email:					
Address:							
Signature:		Date:					
Submit a second	form (this side on	y) for alternate signe		s form a	nd the a	argum	er
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.				
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signatures are submitte				0 m	Bod 1001		E O	
Names and titles listed	•			Mat St, or	rning Sch strict	oţ	vote	
If the signers are part of requirement that they be	a pona 11de assoc Leligible to vote o	riation/organization, t n the measure How	nere is no ever for each such	San	Sove al Dis	tion	eligible to vote	
signing individual(s), the	title under the sig	ner's name shall list	the name of that	ly of bol⊡	the Cour	socia	[qi6jj	
bona fide association/org	ganization and ma			Sch Stric	of of otteo	Ass Organ	(s) e	
association/organization				rning ty,a ialDi	oer(s n Ma ct, or	Fide ins/C	duali	
By signing below, the u believe it not to be false		that they have read	I the argument and	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 Citizens/Organization	Individual(s) e measure	
1. (2) Todd	Schever	Title: Partola Valley	School District/2				×	
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	Por	tola Valley, C	A 94028					
		Date: 8/7/18				,		
2. Name:		Title:						
Phone:		Email:						
Address:								
Signature:		Date:						
3. Name:		Title:						
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Submit a second fo	orm (this side onl		ers attached to this	form a	nd the a	rgume	ent.	
Signers	☐ Registered	FOR OFFICIAL USE (ONLY Signed		Dated			
Bona Fide Association	☐ Verified	N/A	Signed		Dated			
		-	<u> </u>					

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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. 1. Name* Phone: Email: Address: Signature: Date: 1. Name: 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 N/A Signed Dated	Primary Argument Signers Form			Each signer must designate in which capacity they are signing. Check the one box that applies.						
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Date: 8 7 18			. Email:							
Name:	Address:	Porto		CA 94	1028			:		
Phone:			8	7/18						
Address: Signature: Date: Title: Address: Signature: Date: Date: Address: Signature: Date: Date: 1	2. Name: /									
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Primary Argument	Signers Form			which c	gner must apacity th he <u>one</u> bo	ey are s	igning.
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Phone: Address:		Title: Email:					
Signature:		Date:					
Address:		Email:					
Address: Signature:		Title: Email: Date:					
Name: Phone: Address:		Title: Email: Date:					
Submit a second	form (this side onl	y) for alternate sign	ers attached to thi	s form a	nd the a	argum	ent.
		FOR OFFICIAL USE	YUNC				
Signers	Registered	N/A	Signed		Dated		
Bona Fide Association	☐ Verified	N/A	Signed		Dated		

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1. Momas Fogarty	Date: 14/18	□			\boxtimes
2. SavahWern KOFF	Former Portola Valley Portola Valley CA 9 Date: 8/16/18				Ž
Orbone:	Title: Email:				
Signature:	Date:				
Address:	Title: Email:				
gnature:	Date:				
Name:	Title:		П		П
hone: ddress:	Email:				
Signature:	Date:				

☐ Verified

N/A

Signed

Dated

Bona Fide Association

Argument in Favor Portola Valley School District

Vote YES on Measure__to protect the quality of education at Corte Madera and 13 Ormondale Schools. 2

We take pride in the outstanding education Portola Valley and Woodside students receive 12 in Portola Valley School District. Our schools have educated generations of local children 10 and provide a rigorous education that prepares students to excel in high school and 14 college.

This is why Measure__is critical. Measure__will make the most urgent updates to our 15 schools and provide up-to-date classrooms and labs to support strong academic 1(instruction. Every penny is locally-controlled and will stay in our community.

Whether or not you have school-age children, protecting the local quality of education is a wise investment. Good schools protect property values and keep our community strong.

Vote YES-Support Strong Student Achievement &

- Replace leaking roofs, plumbing and electrical systems 7
- Upgrade aging classrooms, labs and technology infrastructure to support of academic instruction in math, science, reading, writing and the arts of
- Upgrade outdated fire alarms, classrooms, facilities and security systems to \wp improve school security and meet current safety codes \wp
- Update educational facilities to keep pace with 21st century teaching and learning 12

Fiscal accountability is required: 4

- All funds stay local for PortolaValleySchoolDistrict schools 7
- No funds can be taken away by the State 9
- No funds can be used for administrators' salaries or pensions /
- Independent citizens' oversight and audits ensure funds are spent properly

We must pass Measure__to get our fair share of state funding. Measure__qualifies our \(\mathcal{S}\) schools to receive up to \$24 million in state matching funds, leveraging local dollars even \(\extit{iS}\) further.

Join us—vote YES on __.

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

AUG 1 6 2018

By DEPUTY CLERK

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