



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

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

**Ballot Measure Primary Argument Submission Form**

A ballot argument will not be accepted unless accompanied by this completed **typed** 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, the name of the association and the printed name and signature of at least one of its principal officers. **Please make sure you are using proper format before submitting to the Elections Office.**

Word count limit for Primary Arguments = 300 words

Ballot Measure \_\_\_\_\_ for the \_\_\_\_\_ to be held on 11-5-24

Primary Argument in Favor of  Primary Argument Against

| This argument is submitted by (check ONLY ONE): |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|-------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/>                        | <b>The County of San Mateo Board of Supervisors or the Governing Body of a School District or Special District</b><br>Name of Governing Body:<br>Contact Person's Printed Name:<br>Phone: _____ Email: _____                                                                                                                                                                                                                                                                                           |
| <input type="checkbox"/>                        | <b>Member(s) of the County of San Mateo Board of Supervisors or the Governing Body of a School District or Special District</b><br>Name of Governing Body:<br>Contact Person's Printed Name:<br>Phone: _____ Email: _____                                                                                                                                                                                                                                                                              |
| <input checked="" type="checkbox"/>             | <b>Bona Fide Association of Citizens</b><br>If this argument is filed by a bona fide association of citizens, the signers of the argument must be affiliated with the association and be authorized to sign the argument on its behalf. Provide the printed name and signature of at least one principal officer of the association.<br>Name of Association:<br><u>SILICON VALLEY TAXPAYERS ASSOCIATION</u><br>Contact Person's Printed Name:<br><u>MARK W. A. HINKLE</u><br>Phone: _____ Email: _____ |
| <input type="checkbox"/>                        | <b>Individual Voters Eligible to Vote on the Measure</b><br>Contact Person's Printed Name:<br>Phone: _____ Email: _____                                                                                                                                                                                                                                                                                                                                                                                |
| <input type="checkbox"/>                        | <b>Combination of Voters and Associations</b><br>Contact Person's Printed Name:<br>Phone: _____ Email: _____                                                                                                                                                                                                                                                                                                                                                                                           |

**Arguments will be emailed to the contact person listed here for review before they are printed in the Sample Ballot & Official Voter Information Pamphlets.**

**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.gov web www.smcacre.gov

| Primary Argument Signers Form                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                               |                                  | Author                                                                             | Verified                                                                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|----------------------------------|------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <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. Names and titles listed will be printed in the order that they are listed below. Place a checkmark in the author column if the signer is the author of the argument. A signer can only list one title. Honorifics such as M.D., Dr., Esquire, etc. with a name are not accepted.</p> <p>If the signers are part of a bona fide association, there is no requirement that they be eligible to vote on the measure. However, for each such signing individual, the title under the signer's name must list the name of that bona fide association and may include their position within that association.</p> <p>By signing below, the undersigned state that they have read the argument and believe it not to be false or misleading.</p> <p>Type information clearly.</p> |                               |                                  | <p>Check if the signer is the author of the argument. Authors must be signers.</p> | <p>(FOR OFFICIAL USE ONLY)<br/>Staff check once the eligibility of the signer is verified.</p> |
| 1.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Name:<br><i>MARK WAHINKLE</i> | Title: <i>PRESIDENT: SILICON</i> | <input checked="" type="checkbox"/>                                                | <input type="checkbox"/>                                                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Phone: [REDACTED]             | Email: [REDACTED]                |                                                                                    |                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Address: [REDACTED]           |                                  | Pronouns:                                                                          |                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Signature: [REDACTED]         | Date: <i>8-13-24</i>             | He/His: <input checked="" type="checkbox"/>                                        |                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |                                  | She/Her: <input type="checkbox"/>                                                  |                                                                                                |
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| 2.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Name:                         | Title:                           | <input type="checkbox"/>                                                           | <input type="checkbox"/>                                                                       |
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| 3.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Name:                         | Title:                           | <input type="checkbox"/>                                                           | <input type="checkbox"/>                                                                       |
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| 4.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Name:                         | Title:                           | <input type="checkbox"/>                                                           | <input type="checkbox"/>                                                                       |
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| 5.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Name:                         | Title:                           | <input type="checkbox"/>                                                           | <input type="checkbox"/>                                                                       |
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Submit a second form (this side only) for alternate signers attached to this form and the argument.

Bayshore Elementary School District \$12.5 million Bond – Argument Against Measure

START

**Government debt is crushing our economy.** The debt built up by the federal government alone now exceeds 100% of GDP. There is no way this will ever be paid back without levels of inflation that none of us have experienced in our lifetimes. 13  
14 43  
14

Then on top of that the state, cities, and school districts are piling on bonds that will have to be paid back by the same taxpayers! 17  
9 26

**Endless rounds of bond sales by school districts are not the answer to improving education.** Government bonds should not be used to pay for school buildings, because government should not be building and running schools. Private alternatives, including home schooling, can do a better job for our children, at lower average cost. 14  
13 52  
11  
14

If all schools were private, so would be the sources of funding to build them. For-profit schools might decide to borrow for this purpose, but it would be from lenders who made sure their plans make business sense. Non-profit schools would seek voluntary contributions as with any other charity. Home schoolers, of course, make use of existing real estate. NONE of these alternatives would involve public bond sales, or the taxes to pay them back. 17  
14 76  
11  
14  
15  
3

Instead of treating these increasingly popular private alternatives as threats to their bureaucratic empires, school boards should take advantage of them! 12  
9 21

Rather than build new schools, school boards should encourage families to switch to private alternatives, so that their existing facilities will be enough to handle those who remain, and take advantage of decreasing enrollment to sell some of their facilities and use the proceeds to improve the others. 13  
14  
14 65  
7

**JUST SAY NO** to more debt and endless taxes. Vote NO on Measure \_\_\_\_ 13

For more information: [www.SVTaxpayers.org](http://www.SVTaxpayers.org) ] END

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



