



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 TBD for the Presidential Election to be held on November 5, 2024.

Primary Argument in Favor of Primary Argument Against

This argument is submitted by (check ONLY ONE):

<input type="checkbox"/>	The County of San Mateo Board of Supervisors or the Governing Body of a School District or Special District Name of Governing Body: Contact Person's Printed Name: Phone: _____ Email: _____
<input type="checkbox"/>	Member(s) of the County of San Mateo Board of Supervisors or the Governing Body of a School District or Special District Name of Governing Body: Contact Person's Printed Name: Phone: _____ Email: _____
<input type="checkbox"/>	Bona Fide Association of Citizens 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. Name of Association: Contact Person's Printed Name: Phone: _____ Email: _____
<input checked="" type="checkbox"/>	Individual Voters Eligible to Vote on the Measure Contact Person's Printed Name: Tina Van Raaphorst Phone: _____ Email: _____
<input type="checkbox"/>	Combination of Voters and Associations Contact Person's Printed Name: 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

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.

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.

By signing below, the undersigned state that they have read the argument and believe it not to be false or misleading.

Type information clearly.

Check if the signer is the author of the argument. Authors must be signers.

(FOR OFFICIAL USE ONLY)
Staff check once the eligibility of the signer is verified.

①

1.	Name: Jean Brink	Title: Former School Board Trustee	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Phone: [REDACTED]	Email: [REDACTED]		
	Address: [REDACTED] Pacifica, CA 94044			
	Signature: [REDACTED]	Date: 8-7-2024		
2.	Name: [REDACTED]	Title:	<input type="checkbox"/>	<input type="checkbox"/>
	Phone:	Email:		
	Address:			
	Signature:	Date:		
3.	Name:	Title:	<input type="checkbox"/>	<input type="checkbox"/>
	Phone:	Email:		
	Address:			
	Signature:	Date:		
4.	Name:	Title:	<input type="checkbox"/>	<input type="checkbox"/>
	Phone:	Email:		
	Address:			
	Signature:	Date:		
5.	Name:	Title:	<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.

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1.	Name: Perla Ibarrientos	Title: Long-time resident , Active Community Mem	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Phone: [REDACTED]	Email: [REDACTED]		
	Address: [REDACTED] Daly City CA 94015		Pronouns:	
		Date: 8-9-2024	He/His: <input type="checkbox"/>	<input type="checkbox"/>
			She/Her: <input checked="" type="checkbox"/>	<input type="checkbox"/>
			They/Them: <input type="checkbox"/>	<input type="checkbox"/>
2.	Name:	Title:	<input type="checkbox"/>	<input type="checkbox"/>
	Phone:	Email:		
	Address:		Pronouns:	
	Signature:	Date:	He/His: <input type="checkbox"/>	<input type="checkbox"/>
			She/Her: <input type="checkbox"/>	<input type="checkbox"/>
			They/Them: <input type="checkbox"/>	<input type="checkbox"/>
3.	Name:	Title:	<input type="checkbox"/>	<input type="checkbox"/>
	Phone:	Email:		
	Address:		Pronouns:	
	Signature:	Date:	He/His: <input type="checkbox"/>	<input type="checkbox"/>
			She/Her: <input type="checkbox"/>	<input type="checkbox"/>
			They/Them: <input type="checkbox"/>	<input type="checkbox"/>
4.	Name:	Title:	<input type="checkbox"/>	<input type="checkbox"/>
	Phone:	Email:		
	Address:		Pronouns:	
	Signature:	Date:	He/His: <input type="checkbox"/>	<input type="checkbox"/>
			She/Her: <input type="checkbox"/>	<input type="checkbox"/>
			They/Them: <input type="checkbox"/>	<input type="checkbox"/>
5.	Name:	Title:	<input type="checkbox"/>	<input type="checkbox"/>
	Phone:	Email:		
	Address:		Pronouns:	
	Signature:	Date:	He/His: <input type="checkbox"/>	<input type="checkbox"/>
			She/Her: <input type="checkbox"/>	<input type="checkbox"/>
			They/Them: <input type="checkbox"/>	<input type="checkbox"/>

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3	1. Name: Tarra Knotts	Title: Resident, Taxpayer , Parent	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Phone:	Email:		
	Address: [REDACTED] Pacifica 94044			
	Signature: [REDACTED]	Date: 8-8-2024		
	Pronouns: He/His: <input type="checkbox"/> She/Her: <input checked="" type="checkbox"/> They/Them: <input type="checkbox"/>			
2. Name:	Title:	<input type="checkbox"/>	<input type="checkbox"/>	
Phone:	Email:			
Address:				
Signature:	Date:			
Pronouns: He/His: <input type="checkbox"/> She/Her: <input type="checkbox"/> They/Them: <input type="checkbox"/>				
3. Name:	Title:	<input type="checkbox"/>	<input type="checkbox"/>	
Phone:	Email:			
Address:				
Signature:	Date:			
Pronouns: He/His: <input type="checkbox"/> She/Her: <input type="checkbox"/> They/Them: <input type="checkbox"/>				
4. Name:	Title:	<input type="checkbox"/>	<input type="checkbox"/>	
Phone:	Email:			
Address:				
Signature:	Date:			
Pronouns: He/His: <input type="checkbox"/> She/Her: <input type="checkbox"/> They/Them: <input type="checkbox"/>				
5. Name:	Title:	<input type="checkbox"/>	<input type="checkbox"/>	
Phone:	Email:			
Address:				
Signature:	Date:			
Pronouns: He/His: <input type="checkbox"/> She/Her: <input type="checkbox"/> They/Them: <input type="checkbox"/>				

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4	1. Name: Bob Dettmer	Title: Contractor, Educator , Volunteer of the Year	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Phone: [REDACTED]	Email: [REDACTED]		
	Address: [REDACTED] Brisbane, CA 94005			
	Signature: [REDACTED]	Date: 8-9-24		
Pronouns:			<input checked="" type="checkbox"/>	
He/His:			<input type="checkbox"/>	<input type="checkbox"/>
She/Her:			<input type="checkbox"/>	
They/Them:			<input type="checkbox"/>	
2.	Name:	Title:	<input type="checkbox"/>	<input type="checkbox"/>
	Phone:	Email:		
	Address:			
	Signature:	Date:		
Pronouns:			<input type="checkbox"/>	<input type="checkbox"/>
He/His:			<input type="checkbox"/>	<input type="checkbox"/>
She/Her:			<input type="checkbox"/>	
They/Them:			<input type="checkbox"/>	
3.	Name:	Title:	<input type="checkbox"/>	<input type="checkbox"/>
	Phone:	Email:		
	Address:			
	Signature:	Date:		
Pronouns:			<input type="checkbox"/>	<input type="checkbox"/>
He/His:			<input type="checkbox"/>	<input type="checkbox"/>
She/Her:			<input type="checkbox"/>	
They/Them:			<input type="checkbox"/>	
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	Phone:	Email:		
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Pronouns:			<input type="checkbox"/>	<input type="checkbox"/>
He/His:			<input type="checkbox"/>	<input type="checkbox"/>
She/Her:			<input type="checkbox"/>	
They/Them:			<input type="checkbox"/>	
5.	Name:	Title:	<input type="checkbox"/>	<input type="checkbox"/>
	Phone:	Email:		
	Address:			
	Signature:	Date:		
Pronouns:			<input type="checkbox"/>	<input type="checkbox"/>
He/His:			<input type="checkbox"/>	<input type="checkbox"/>
She/Her:			<input type="checkbox"/>	
They/Them:			<input type="checkbox"/>	

Submit a second form (this side only) for alternate signers attached to this form and the argument.

start

Jefferson Union High School District

Argument in Favor of Measure _.

Our local public high schools—Jefferson, Oceana, Terra Nova, Thornton and Westmoor High Schools—are vital to our community’s prosperity. They enhance the value of our homes and businesses. They are also responsible for shaping the success of our community’s next generation. An investment in our schools is an investment in our future.

Vote YES on Measure _ to provide our schools with highly qualified teachers and staff and enhance programs critical to ensuring our students excel in the future.

Measure _ includes:

- **Attracting and Retaining Highly Qualified Teachers and Staff:** Competitive wages and benefits give our schools an advantage in hiring and retaining top-tier teachers and staff.
- **Ensuring Career Readiness:** Expanding classes and programs for college and career preparedness.
- **Modernizing Career Technical Education:** Enhancing career technical programs and classes for cutting-edge education.
- **Protecting Vital Programs:** Retaining programs and classes crucial to a competitive high school education.

Measure ___ offers critical protections and benefits for our community:

- **Guaranteed Local Investment:** Measure _ funds cannot be taken by the state and spent elsewhere.
- **Transparency and Accountability:** Public disclosure of all spending, independent citizen oversight and audits ensure responsible use of funds.
- **Growth and Vitality of Our Community:** High-quality schools increase the value of our homes and businesses.
- **Senior Citizen Exemption:** Homeowners age 65+ can apply for a Senior Citizen exemption.

Join us in securing a brighter future. Your YES vote will ensure that Jefferson Union High School District can attract and retain dedicated teachers and staff, support student growth and success and protect the value of our homes and businesses. Join parents, grandparents, guardians, teachers, neighbors, business owners and community leaders in voting YES on Measure _.

End

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

AUG 13 2024

MARK CHURCH, Chief Elections Officer

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