



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 Millbrae School District 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: _____
	Phone: _____ Email: _____
<input type="checkbox"/>	Combination of Voters and Associations
	Contact Person's Printed Name: <u>Vivian Wang</u>
	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.	Name: Joy Pasamonte Henry	Title: 2022 Millbrae Woman of the Year	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Phone: [REDACTED]	Email: [REDACTED]		
	Address: [REDACTED]			
	Signature: [REDACTED]	Date: 8/11/2024		
2.	Name:	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: Caryn Finn	Title: Local Millbrae Teacher	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Phone: [REDACTED]	Email: [REDACTED]		
	Address: [REDACTED]		Pronouns:	
	Signature: [REDACTED]	Date: 8/10/24	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:		Pronouns:	
	Signature:	Date:	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:		Pronouns:	
	Signature:	Date:	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:		Pronouns:	
	Signature:	Date:	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:		Pronouns:	
	Signature:	Date:	He/His: <input type="checkbox"/>	She/Her: <input type="checkbox"/>
	They/Them: <input type="checkbox"/>			

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1.	Name: Paul Seto	Title: Former Mayor of Millbrae	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Phone: [REDACTED]	Email: [REDACTED]		
	Address: [REDACTED]		Pronouns:	
	Signature: [REDACTED]	Date: 8/11/24	He/His: <input checked="" type="checkbox"/>	She/Her: <input type="checkbox"/>
			They/Them: <input type="checkbox"/>	
2.	Name:	Title:	<input type="checkbox"/>	<input type="checkbox"/>
	Phone:	Email:		
	Address:		Pronouns:	
	Signature:	Date:	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:		Pronouns:	
	Signature:	Date:	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:		Pronouns:	
	Signature:	Date:	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:		Pronouns:	
	Signature:	Date:	He/His: <input type="checkbox"/>	She/Her: <input type="checkbox"/>
			They/Them: <input type="checkbox"/>	

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1.	Name: Deirdri Gladwin	Title: Founding Millbrae Ed Foundation Member	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Phone: [REDACTED]	Email: [REDACTED]		
	Address: [REDACTED]		Pronouns:	
	Signature: [REDACTED]	Date: 8/10/24	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:		Pronouns:	
	Signature:	Date:	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:		Pronouns:	
	Signature:	Date:	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:		Pronouns:	
	Signature:	Date:	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:		Pronouns:	
	Signature:	Date:	He/His: <input type="checkbox"/>	She/Her: <input type="checkbox"/>
	They/Them: <input type="checkbox"/>			

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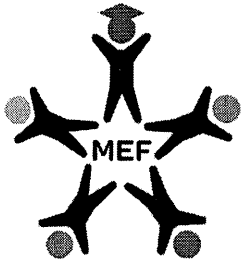
(FOR OFFICIAL USE ONLY)
Staff check once the eligibility of the signer is verified.

1.	Name: Maureen Davis	Title: Lifelong Millbrae Resident	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Phone: [REDACTED]	Email: [REDACTED]		
	Address: [REDACTED]			
	Signature: [REDACTED]	Date: 8-9-24		
2.	Name:	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:		
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1.	Name: Jamie Wong	Title: Treasurer, Millbrae Education Foundation	<input type="checkbox"/>	<input type="checkbox"/>
	Phone: [REDACTED]	Email: [REDACTED]		
	Address: [REDACTED]		Pronouns:	
	Signature: [REDACTED]	Date: <i>Aug 9, 2024</i>	He/His: <input type="checkbox"/>	<input type="checkbox"/>
			She/Her: <input checked="" type="checkbox"/>	<input type="checkbox"/>
			They/Them: <input type="checkbox"/>	
2.	Name: [REDACTED]	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"/>	
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"/>	
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"/>
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	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"/>	

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MillbraeKids.org

To whom it may concern:

The Millbrae Education Foundation agreed to support and endorse the Millbrae School District bond measure on the November 5 General Election ballot. I, Jamie Wong, am authorizing to be listed as a supporter and ballot argument signer.

Regards,

[Redacted signature]

Sign

Aug 9, 2024
Date

Argument in Favor of Measure __

Vote Yes on __: Repair Millbrae schools to protect quality education and keep local students safe.

Millbrae's schools are at the heart of our community. Our longstanding tradition of delivering an excellent education for local students keeps our local schools and community strong.

In the past, the State funded 40% of school construction, but now leaves this entire responsibility to local communities. Voters in Burlingame and other San Mateo County communities have passed measures to support their schools but there are currently no resources available to improve or update Millbrae elementary and middle schools.

That's why we need Measure __.

Yes on __ qualifies our local schools for millions in state school bond matching funds which will reduce the cost for Millbrae residents. These funds would otherwise go to other schools across the state.

Measure __ will ensure that our classrooms and schools are repaired to sustain strong academic programs. Our local students need safe, modern classrooms and science labs, so they are prepared to compete and be successful in high school and college.

Vote Yes on __ to repair and upgrade Millbrae schools:

- Repair classrooms and schools to protect the quality of academic instruction in core subjects like math, science, reading, and writing
- Update science, technology, engineering, and math labs at every school
- Repair and replace leaking roofs
- Provide teachers with instructional tools for high school and college readiness
- Update classroom computers and technology

All Measure __ Funds Stay in Local Schools

- By law, all funds remain under local control and may only support Millbrae schools
- No funds may be taken by the State
- Independent citizens' oversight committee and mandatory annual audits are required

Every penny from Measure __ benefits local Millbrae schools and is controlled locally.

Votes YES on __: Repair and Upgrade Millbrae Schools

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

AUG 12 2024

MAF [redacted] Chief Elections Officer
By: [redacted] DEPUTY CLERK