

MAR 15 2016

MARK SULLIVAN, Chief Elections Officer  
By: [Redacted] DEPUTY CLERK

**Argument in Favor of Measure “\_”**

Vote YES on “\_” to **repair and modernize local schools** in the Ravenswood City School District to ensure that all students learn in warm, safe, and dry classrooms. Measure “\_” helps take the first step towards achieving a long-term vision for transforming Ravenswood classrooms and facilities to better prepare students for 21<sup>st</sup> century careers.

Ravenswood’s local schools are all more than 50 years old and desperately need repairs. Measure “\_” repairs aging classroom and bathrooms, fixes leaky, deteriorated roofs, and completes many other critical repair projects.

Measure “\_” replaces aging, inefficient heating, ventilating, air conditioning and climate control systems, **saving Ravenswood City School District tens of thousands of dollars each year** in utility and maintenance costs – money that can be put back into the classroom to improve academic instruction.

Vote YES on “\_”.

- Fix leaking roofs, windows and doors.
- Replace aging, inefficient heating, ventilating, air conditioning and climate control systems.
- Modernize classrooms and science and computer labs to help strengthen science, technology, engineering, math and language programs.
- Boost energy efficiency to reduce costs and put more money directly into our classrooms.

Every penny of Measure “\_” will be used to improve local schools.

- NO funds can be taken by the State.
- All funds will be controlled locally, with **citizen oversight and annual audits** to ensure funds are used as promised.
- Local schools will be eligible for millions of dollars in State matching funds.
- No funds can be used for administrators’ salaries, benefits or pensions.

Measure “\_” invests in our students’ future, providing them with classrooms and science and computer labs needed to succeed in high school, college and 21<sup>st</sup> century careers.

**JOIN PARENTS, TEACHERS, LOCAL BUSINESSES AND COMMUNITY LEADERS.**

Vote YES on Measure “\_”.

/s/ Ana M. Pulido, Ravenswood City School District Board of Trustees  
/s/ Dr. Faye McNair-Knox, Executive Director, One East Palo Alto  
/s/ Bronwyn L. Dougherty, RCSD Teacher

280 wards



# 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 \_\_\_\_\_ for the RAVENSWOOD CITY SCHOOL DISTRICT BOND MEASURE to be held on JUNE 7, 2016 PRIMARY

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: \_\_\_\_\_

Principal Officer's Printed Name and Title: \_\_\_\_\_ Principal Officer's Signature: \_\_\_\_\_

Contact Person's Printed Name: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Contact Person: KEVIN SVED Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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
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1. Name: Dr. Faye McNair-Knox Title: Executive Director

Phone: [Redacted]  
Address: [Redacted]

Signature: [Redacted] Date: 3/15/16

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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2. Name: Ana M. Pulido Title: Trustee

Phone: [Redacted]  
Address: [Redacted]

Signature: [Redacted] Date: 3/15/16

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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3. Name: Bronwyn L. Dougherty Title: teacher RCSD

Phone: [Redacted]  
Address: [Redacted]

Signature: [Redacted] Date: 3-15-16

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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4. Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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5. Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<input type="checkbox"/>	<input type="checkbox"/>	<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.**

FOR OFFICIAL USE ONLY

Signers	<input type="checkbox"/> Registered	N/A	Signed	Dated
Bona Fide Association	<input type="checkbox"/> Verified	N/A	Signed	Dated