



2021 AUG 12 15:00

Office of the City Clerk  
330 W. 20<sup>th</sup> Avenue  
San Mateo, CA 94403  
(650) 522-7042

### Ballot Measure Primary Argument Submission Form

A ballot argument will 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, the name of the association and the printed name and signature of at least one of its principal officers.

Word count limit for Primary Arguments = 300 words

Ballot Measure \_\_\_\_\_ for the General 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"/>                       | <b>The San Mateo City Council</b><br>Name of Governing Body:<br>Contact Person's Printed Name:<br>Phone: _____ Email: _____   |
| <input type="checkbox"/>                       | <b>Member(s) of the City of San Mateo City Council</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>San Mateans For Responsive Government, No on _____<br>Contact Person's Printed Name:<br>Karen Herrel<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.

City Clerk, Martin McTaggart mmctaggart@cityofanmateo.org

| 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> |   |   | Check if the signer is the author of the argument. Authors must be signers.  | (FOR OFFICIAL USE ONLY)<br>Staff check once the eligibility of the signer is verified. |
| 1.   | Name:<br>Claire Mack<br><br>Phone: [REDACTED]<br><br>Address: [REDACTED]<br><br>Signature: [REDACTED] | Title:<br>Former San Mateo Mayor<br><br>Email: [REDACTED] |  |  |
|  |   |   | Pronouns:<br>He/His: <input type="checkbox"/><br>She/Her: <input checked="" type="checkbox"/><br>They/Them: <input type="checkbox"/> |  |
| 2.   | Name:<br><br>Phone:<br><br>Address:<br><br>Signature:<br>Date:  | Title:<br><br>Email:<br><br>Date: 8/9/2024                | <input type="checkbox"/>   | <input type="checkbox"/>   |
|  |   |   | Pronouns:<br>He/His: <input type="checkbox"/><br>She/Her: <input type="checkbox"/><br>They/Them: <input type="checkbox"/>            |  |
| 3.   | Name:<br><br>Phone:<br><br>Address:<br><br>Signature:<br>Date:  | Title:<br><br>Email:<br><br>Date:                         | <input type="checkbox"/>   | <input type="checkbox"/>   |
|  |   |   | Pronouns:<br>He/His: <input type="checkbox"/><br>She/Her: <input type="checkbox"/><br>They/Them: <input type="checkbox"/>            |  |
| 4.   | Name:<br><br>Phone:<br><br>Address:<br><br>Signature:<br>Date:  | Title:<br><br>Email:<br><br>Date:                         | <input type="checkbox"/>   | <input type="checkbox"/>   |
|  |   |   | Pronouns:<br>He/His: <input type="checkbox"/><br>She/Her: <input type="checkbox"/><br>They/Them: <input type="checkbox"/>            |  |
| 5.   | Name:<br><br>Phone:<br><br>Address:<br><br>Signature:<br>Date:  | Title:<br><br>Email:<br><br>Date:                         | <input type="checkbox"/>   | <input type="checkbox"/>   |
|  |   |   | Pronouns:<br>He/His: <input type="checkbox"/><br>She/Her: <input type="checkbox"/><br>They/Them: <input type="checkbox"/>            |  |

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

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|--|---------------------|---|---|--|
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| 1.   | Name:               | Title:  |   |  |
|  | Phone:              | Email:  | <input type="checkbox"/>  | <input type="checkbox"/>   |
|  | Address:            |   | Pronouns:   |  |
|  | Signature:          | Date:   | He/His: <input type="checkbox"/>  |  |
|  |                     |   | She/Her: <input type="checkbox"/>   |  |
|  |                     |   | They/Them: <input type="checkbox"/>   |  |
| 2.   | Name:<br>Lisa Taner | Title:<br>fmr pres. Beresford-Hillsdale Neigh.Assn. | <input checked="" type="checkbox"/>   | <input type="checkbox"/>   |
|  | Phone:              | Email:  |   |  |
|  | Address:            |   | Pronouns:   |  |
|  | Signature:          | Date: <i>Aug. 8, 2024</i>                           | He/His: <input type="checkbox"/>  |  |
|  |                     |   | She/Her: <input checked="" 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"/>   |  |

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

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|  | Phone:                 | Email:   | <input type="checkbox"/>  | <input type="checkbox"/>   |
|  | Address:               |  | Pronouns:   | <input type="checkbox"/><br>He/His:<br><input type="checkbox"/><br>She/Her:<br><input type="checkbox"/><br>They/Them:            |
|  | Signature:             | Date:  |   |  |
| 2.   | Name:                  | Title:   | <input type="checkbox"/>  | <input type="checkbox"/>   |
|  | Phone:                 | Email:   | <input type="checkbox"/>  | <input type="checkbox"/>   |
|  | Address:               |  | Pronouns:   | <input type="checkbox"/><br>He/His:<br><input type="checkbox"/><br>She/Her:<br><input type="checkbox"/><br>They/Them:            |
|  | Signature:             | Date:  |   |  |
| 3.   | Name:<br>Thomas Morgan | Title:<br>Frmr Chair Measure S Oversight Committee | <input type="checkbox"/>  | <input type="checkbox"/>   |
|  | Phone:                 | Email:   | <input type="checkbox"/>  | <input type="checkbox"/>   |
|  | Address:               |  | Pronouns:   | <input type="checkbox"/><br>He/His:<br><input checked="" type="checkbox"/><br>She/Her:<br><input type="checkbox"/><br>They/Them: |
|  | Signature:             | Date:<br>8/9/24                                    |   |  |
| 4.   | Name:                  | Title:   | <input type="checkbox"/>  | <input type="checkbox"/>   |
|  | Phone:                 | Email:   | <input type="checkbox"/>  | <input type="checkbox"/>   |
|  | Address:               |  | Pronouns:   | <input type="checkbox"/><br>He/His:<br><input type="checkbox"/><br>She/Her:<br><input type="checkbox"/><br>They/Them:            |
|  | Signature:             | Date:  |   |  |
| 5.   | Name:                  | Title:   | <input type="checkbox"/>  | <input type="checkbox"/>   |
|  | Phone:                 | Email:   | <input type="checkbox"/>  | <input type="checkbox"/>   |
|  | Address:               |  | Pronouns:   | <input type="checkbox"/><br>He/His:<br><input type="checkbox"/><br>She/Her:<br><input type="checkbox"/><br>They/Them:            |
|  | Signature:             | Date:  |   |  |

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|  | Signature:         | Date:  | He/His: <input type="checkbox"/>   | She/Her: <input type="checkbox"/>  |
|  |                    |  | They/Them: <input type="checkbox"/>  |  |
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|  |                    |  | They/Them: <input type="checkbox"/>  |  |
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|  | Address:           |  | Pronouns:  |  |
|  | Signature:         | Date:  | He/His: <input type="checkbox"/>   | She/Her: <input type="checkbox"/>  |
|  |                    |  | They/Them: <input type="checkbox"/>  |  |
| 4.   | Name:<br>Tom Lease | Title:<br>Member San Mateo Senior Citizens Commi | <input type="checkbox"/>   | <input type="checkbox"/>   |
|  | Phone:             | Email:   |  |  |
|  | Address:           |  | Pronouns:  |  |
|  | Signature:         | Date:<br>08-08-2024                              | He/His: <input checked="" type="checkbox"/>  | She/Her: <input type="checkbox"/>  |
|  |                    |  | They/Them: <input type="checkbox"/>  |  |
| 5.   | Name:              | Title:   | <input type="checkbox"/>   | <input type="checkbox"/>   |
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|  | Address:           |  | Pronouns:  |  |
|  | Signature:         | Date:  | He/His: <input type="checkbox"/>   | She/Her: <input type="checkbox"/>  |
|  |                    |  | They/Them: <input type="checkbox"/>  |  |

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|  | Signature:           | Date:   | Pronouns:<br>He/His: <input type="checkbox"/><br>She/Her: <input type="checkbox"/><br>They/Them: <input type="checkbox"/>            |  |
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|  | Signature:           | Date:   | Pronouns:<br>He/His: <input type="checkbox"/><br>She/Her: <input type="checkbox"/><br>They/Them: <input type="checkbox"/>            |  |
| 4.   | Name:                | Title:  | <input type="checkbox"/>   | <input type="checkbox"/>   |
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|  | Address:             |   |  |  |
|  | Signature:           | Date:   | Pronouns:<br>He/His: <input type="checkbox"/><br>She/Her: <input type="checkbox"/><br>They/Them: <input type="checkbox"/>            |  |
| 5.   | Name:<br>Marlene Tam | Title:<br>AAPI Community & Public Safety Advocate | <input type="checkbox"/>   | <input type="checkbox"/>   |
|  | Phone:               | Email:  |  |  |
|  | Address:             |   |  |  |
|  | Signature:           | Date:<br>8-8-24                                   | Pronouns:<br>He/His: <input type="checkbox"/><br>She/Her: <input checked="" type="checkbox"/><br>They/Them: <input type="checkbox"/> |  |

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start

**Vote No on Measure \_\_\_ – Costly. Misleading. Unnecessary.**

This developer-driven measure **completely removes voter-approved Measure Y protections**. These protections keep building heights, densities and affordable housing compatible with our city's ability to sustain itself.

The City proposes a population increase of tens of thousands, without identifying how additional services and resources will be "enhanced." Exponential growth means straining existing infrastructure and services. Residents will foot the bill with **more taxes, fees, bonds**. Everyone will be impacted.

Measure \_\_\_ fails residents and local businesses. It allows for taller buildings, with their significantly higher construction costs. These costs get passed along to residents and businesses, increasing rents and displacement. Measure \_\_\_ also removes requirements for affordable housing from developers. Further, \_\_\_ grants urban scale development when combined with state bonuses. Is that what we want?

Critically, the City's own reports show San Mateo can meet state housing requirements with Y in place. Measure Y supports a vibrant downtown and more housing by already concentrating its highest development opportunities close to transit and jobs in and around El Camino, Downtown, Caltrain. Major new development has occurred in these areas under Measure Y's protections.

**Vote NO on Measure \_\_\_:**

- Don't cut resident services or incur taxes/fees/bonds to pay for irresponsible development.
- Don't worsen traffic or allow bigger buildings with no required parking or housing.
- Don't displace local businesses and residents with the increased costs of building taller.
- Don't let developers buy their way out of building affordable housing.
- Don't permit only 3 Councilmembers to modify major development policies to please developers.
- Don't accept \_\_\_ as the only way to meet required housing numbers. The City knows different.

**Costly. Misleading. Unnecessary. Demand better.**

**Vote No on Measure \_\_\_.**

**San Mateans for Responsive Government, No on \_\_\_.**

Visit [SmarterGrowthSM.com](http://SmarterGrowthSM.com) } End

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- /s/ **Claire Mack** August 9, 2024  
Former San Mateo Mayor
- /s/ **Lisa Taner** August 8, 2024  
Fmr Pres. Beresford-Hillsdale Neigh.Assn.
- /s/ **Thomas Morgan** August 9, 2024  
Fmr Chair Measure S Oversight Committee
- /s/ **Tom Lease** August 8, 2024  
Member San Mateo Senior Citizens Commission
- /s/ **Marlene Tam** August 8, 2024  
AAPI Community & Public Safety Advocate

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

**AUG 13 2024**

