

MARK CHURCH

CHIEF ELECTIONS OFFICER &
ASSESSOR-COUNTY CLERK-RECORDER

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 o	count limit for Primary Argum	ents = 3	00	1 - 1 - 6
Ballot I	Measure	for the		to be held on 116 18.
	mary Argument in Favor of		☐ Primary Argument	
This	argument is submitted by:	(check	all that apply)	
	The Governing Body of th	e Count	y of San Mateo, a Sch	nool District, or a Special District eo, a school district or a special district, fill in the of this form.
	Contact Person's Printed Name:		Contact Pe	rson's Signature:
	Title:			
	Phone:		Email:	
	Special District If this argument is filed by any methis form. By statute, members of	ember(s) of	the governing body, fill in the	n Mateo, a School District, or a ne information below and complete both sides of board authorization to file an argument.
	Member(s) of the Governing Body:		Name of G	overning Body:
	Contact Person's Printed Name:		Contact Pe	rson's Signature:
	Title:		1	
	Phone:		Email:	
	Bona Fide Association of If this argument is filed by a bona with the association/organization, signature of at least one principal Name of Association/Organization:	fide associ be author	ciation of citizens/organization ized to sign the argument or	on, the signers of the argument must be affiliated its behalf, provide the printed name and ete both sides of this form.
	Principal Officer's Printed Name and Title:		Principal O	fficer's Signature:
	Contact Person's Printed Name:		Email:	
	Phone:		Fax:	
X	Individual(s) eligible to vo	ote on the	e measure n the measure.	
4	Contact Person: MICHELE	BEASI	EY Phone:	
	Mailing Address			BELMONT, CA. 94002
	Fax:		Email:	

Please complete the reverse side of this form.

Primary Argument	Signers Form			which o	apacity the	ey are s	
No more than five sign signatures are submitted Names and titles listed If the signers are part of requirement that they be signing individual(s), the bona fide association/organization By signing below, the ubelieve it not to be false	ed, the first five lis will be printed in fa bona fide assoce eligible to vote or etitle under the signanization and man.	ted shall be printed the order that they liation/organization, In the measure. How ner's name shall list ay include their posit	are listed below. there is no vever, for each such the name of that ion within that	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
1. Name: Kevin	Mullin	Title: (a li fornia St	ate Assemblymo	inte			
S	Soc	1 San Fra	yesseo, (A9)	f ØĐ			
2. Name:		Title:					
Address:							
Signature:		Date:			_		
3. Name:		Title:					
Phone:		Email:				! —	
Address:							
Signature:		Date:		1			İ
4. Name:		Title:					
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Address:		1		1			
Signature:		Date:		-			
5. Name:		Title:					
Phone:		Email:	_	┧┖╍┛			
Address:		<u> </u>		1			
Signature:		Date:			15 15 15 15		
Submit a second for	orm (this side onl		ners attached to this	form a	nd the a	rgume	ent.
Signers	☐ Registered	FOR OFFICIAL USE N/A	ONLY Signed		Dated		
Bona Fide Association	☐ Verified	N/A	Signed		Dated		

Each signer must designate in

Primary Argument	Signers Form			which c	apacity the	ney are s	igning
No more than five sign signatures are submitted Names and titles listed of the signers are part of the signers are part of requirement that they be signing individual(s), the bona fide association/organization by signing below, the believe it not to be falso	ted, the first five list divided will be printed in of a bona fide associate eligible to vote or title under the sign organization and materials.	tted shall be printed. the order that they as station/organization, the the measure. Howe ther's name shall list the they include their position	re listed below. here is no ever, for each such the name of that on within that	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
1. John Heal		Title: SAN MATER A					X
2 Name:	SAM	Date: 8-16-18 Title:	17010				
Address: Signature: Name:		Date:					
Phone: Address:		Email:					L
Signature:		Date:					
4. Name:		Title:					E
Address: Signature:	_	Date:					
5. Name:		Title:					
Phone: Address:		Email:					
Signature:		Date:					
Submit a second	form (this side onl	y) for alternate signe		form a	nd the a	argume	ent.
Signers	Registered	N/A	Signed		Dated		
Bona Fide Association	□ Verified	N/A	Signed		Dated		

TITIC Reads: Friends of caltrain, Executive Director

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 are subr Names and titles list If the signers are parequirement that the signing individual(s)	signatures shall apper mitted, the first five li sted will be printed in art of a bona fide asso by be eligible to vote of the title under the si an/organization and m	ear with any argument. If more than five sted shall be printed. In the order that they are listed below. In the order that they are listed below. In the measure. However, for each such gner's name shall list the name of that may include their position within that				oplies.
, 0 0	he undersigned state false or misleading.	e that they have read the argument and	Goverr County Specia	Member of San District	Bona F Citizen	Individual(s) e
1. Adina L		Friends of Caltain Executive				V
Phone:		Email:				5
Address:		Menlo Park (194025				
		Pate: 8/16/2018				
2.		Title:				
Phone:		Email:	-			
Address:						
Signature:		Date:				
3. Name:		Title:				
Phone:		Email:				
Address:						
Signature:		Date:				
4. Name:		Title:		П	П	П
Phone:		Email:				
Address						
Signature:		Date:				
5. Name:		Title:	П		П	
Phone:		Email:				
Address:						
Signature:		Date:				
Submit a secon	nd form (this side on	ly) for alternate signers attached to this	form ar	nd the a	rgume	nt.
Signers	Registered	FOR OFFICIAL USE ONLY N/A Signed		Dated		
Paga Fide Association	□ Verified	N/A Signed		5		

Title reads: Board member, Redupod city/San Mateo

Primary Argument	Signers Form						
No more than five sign signatures are submitted	ted, the first five lis	ted shall be printed	•				
Names and titles listed		•		Mate 2t, or	ming Sch strict	<u></u>	vote (
If the signers are part o requirement that they b		•		Governing Body of San Mateo County, a School District, or a Special District	Sove nty, a	ation (e to
signing individual(s), the	e title under the sig	ner's name shall list	the name of that	2 ody 01	Speci	socie	digile
bona fide association/o association/organizatio		ay include their positi	on within that	ng Bo a Sch	(s) of lateo or a S	le As Orga	al(s)
By signing below, the		that they have read	the argument and	ernir inty,	nber an N rict, o	a Fic zens/	vidua
believe it not to be fals		and ano, many rous	and angument and	စို့ ဝီဇီ	Mer of S Dist	S S S	Indi
1. Allaa A	guirre	Board Membe	Rwc/Chamba				
Phọn			r f	COMM	erce		
Address		Redwood City Date: 8/16/19	94062	-			
Signatur		Date: 8/14/18					
2. Name:		Title:					
Phone:							
A'dd			-				
Address;		1					
Signature:		Date:					
3. Name:		Title:		<u> </u>			
Phone:		Email:					
Address:	- : -						
Signature:		Date:		_			
4. Name:		Title:					
Phone:		Email:			<u>. </u>		
Address:							
Signature:	<u> </u>	Date:		-			
			::- : :				
5. Name:		Title:					
Phone:		Email:]
Address:		1					
Signature:		Date:		•			
Submit a second f	orm (this side only	y) for alternate sign		form ar	nd the a	rgume	nt.
Signers	☐ Registered	FOR OFFICIAL USE ON/A	ONLY Signed		Dated		
Bona Fide Association	☐ Verified	N/A	Signed		Dated		

Title reads: Building Trades Council Petered Business manager

Primary Argument	Signers Form		which o	apacity the he <u>one</u> bo	ey are s	igni
signatures are submitted Names and titles listed If the signers are part of requirement that they be signing individual(s), the bona fide association/organization	ed, the first five list will be printed in a social associate eligible to vote or estitle under the sign ganization and man.	the order that they are listed below. station/organization, there is no in the measure. However, for each such ner's name shall list the name of that ay include their position within that that they have read the argument and	ining Body of San Mateo y, a School District, or a	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
1. William A.	NACK BILL	Trades Cource Buswas Ma	سع 🗀			Z
Add		Menls Park, CA 94025 Date: 8/15/18				
2. Name: MICHELE I	BEASLE/	TITLE: EXECUTIVE DIRECTOR, SAN MATEO CO. PARKS FDI	U D			
Address:		BELMONT, CA. " Date: 8-12-2018	74002	-		
3. Name.		Title:				
Phone: Address:		Email:				
Signature:		Date:				
4. Name:		Title:				Г
Phone:		Email:				
Address:						
Signature:		Date:				
5. Name:		Title:				
Phone:		Email:				
Address:						
Signature:		Date:				
Submit a second form (this side only) for alternate signers attached to this form a				nd the a	rgume	ent.
Signers	Registered	FOR OFFICIAL USE ONLY N/A Signed		Dated		
Bona Fide Association	☐ Verified	N/A Signed		Dated		

Argument in Favor of Measure W

Vote Yes on Measure W to relieve traffic congestion, fix potholes and provide transit options 14 for senjors, veterans, commuters, youth and people with disabilities. 9

San Mateo County's economy has been booming, and we need investment in our infrastructure (2—and transit systems to keep page. As we all experience daily, traffic is worse than ever and \7 transportation systems are aging, stressed and facing serious capacity challenges. (0)

Measure Wwill help you and your family spend less time stuck in traffic so you can get to work, school and home faster. Measure Wreduces traffic congestion including bottlenecks at highway interchanges like 101-92 in San Mater and takes up to 10,000 cars off county highways every work day.

By law, every penny from Measure W must be spent on San Mateo County transportation Projects and programs — the State and federal government can't take this funding for any 14 reason. [

Vote Yés on W to relieve traffic congestion: У

- Ensuring emergency vehicles can get where they're going quickly to save lives 12
- Fixing potholes, repairing local streets and improving pedestrian and bicyclist safety イ
- Upgrading Caltrain and SamTrans to carry more riders with improved frequencies and 12 faster travel times.

Every day, seniors, people with disabilities, commuters, students and low-income residents refy on public transit as a necessary lifeline/Measure W/maintains affordable transportation options to residents can get to doctors' appointments, work, school and the grocery store. 13

Strict fiscal accountability keeps every penny in San Mateo County/8

- The plan is based on 10 months of public input from over 17,000 county residents (≤
- Independent citizens' oversight and mandatory annual audits ensure all funds are spent\2 as promised 2
- A detailed project list outlining the exact use of funds is included in your voter pamphlet (>
- ullet Essentials like groceries and medicine are exempt ${\mathcal T}$

To learn more, visit www.SMCCongestionRelief.com. Join us in voting Yes on Measure WI12

FILED IN THE OFFICE OF THE CHIÉF ELECTIONS OFFICER OF SAN MATEO COUNTY, CALIF.

AUG 1 7 2018

By: DEPUTY CLERK

